TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17004 CERTIFICATE OF DEATH

1. PLACE OF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Washington MARYLAND	a. STATE Maryland b. COUNTY Washing by
b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b write RURAL and sive nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rupy 1- Browsbow 2140	Rural Bornstow
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREEL ADDRESS / e. IS RESIDENCE
Faturey-Keady Homes	Boonsbors, Wed ON A FARM?
3. NAME OF DECEASED (Type or print) Rulh All	Last 4. DATE Month Oay Year OF DEATH WELDOWALL 13 1965
5. SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.
I will will will will olivorceo	Dec. 28, 1896 68 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Westwinsly not U.S. a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no or unknwn) (If yes give war or dates of service)	Record at Valmer-Reedy -
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	newords 4 week
492X DUE TO -15	1 111
Conditions, If any, which (b)	of natitude - 10 weeks
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?
I C	YES NO NO
PART II. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO SEATH BUT NOT REL	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While - Not While - factor	y, street, office bldg., etc.)
	A 16 10 No. 13 15
21. I certify that (I) (this hospital) attended the deceased from	196, to U-C 19 , that (I) (we) last
saw the deceased alive on Nile 1 3 1967, and that	death occurred at ///_M, from the causes and on the date stated above.
M.D. M.D.	ATTENDING MEO. STAFF 12 -14 -1
22c. PHYSICIAN'S NAME (Type)	22d. ADORESS Provident MA
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BEMOVAL (Specify) Dec 15 196+ Westmannel	Compliant holstminter md.
24. AVNERAL OIRECTOR ADDRESS	25a. RGC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
X. S. Survero &. Westermater	md DEC 20 1965 Clianles Judge
1 - 1 100 1000	UNITED TO TOOL II

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

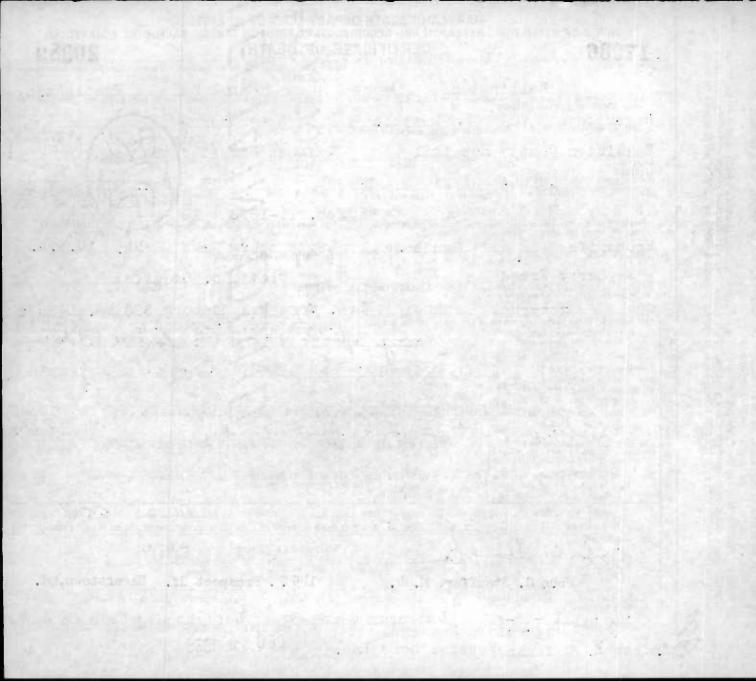
1.	PLACE DF DEATH a. COUNTY		NCE (Where deceased lived, If instituti	on: Residence before admission)
	Washington Maryland	a. STATE Ma	arvland b. COUNTY	Washington
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		If outside corporate limits, write Ri	URAL and give nearest town)
		Rural Wi	lliamsport RFD	#2
	Hagerstown 1 week d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	Washington County Hsopital	/ Hagers	town Pike	ON A FARM? YES NO X
3.	NAME OF First Middle DECEASED	Last	4. DATE Month	Day Year
	(Type or print) David Charles And	erson	DEATH Dec.	12 1965
5.	1. MARKIED 1	B. DATE OF BIRTH	9. AGE (In years IFUN last birthday) Mon	TOTAL
M	ale White WIDOWED DIVORCED	Sept. 19	1891 74 yrs. 2	22
10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 1	2. CITIZEN OF WHAT COUNTRY?
	eather Finisher Tannery	Williams	sport Md.	II S A
13.	FATHER'S NAME	14. MOTHER'S MA	IDEN NAME	
	Omer W. Anderson	Mary I	Ella Ridenour	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Addison of	Milliamsport
(10	1077 00 1100	s. Pessi	e Anderson Md	RFB #2
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocar	dial infar	ction	011021 11110 201111
	4201 DUE TO MYOCARO	lial failur	e	
	Cenditions, If any, which \ (b) Generaliz	ed arteri	9 sclerosis	
	gave rise to Immediate cause (a), stating the DUE TO			
	underlying cause last. (c)		The state of the state of the	
o N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
CA	exogenous obesity			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature	of injury in Part I or Part II of Iter	m 18.)
MEDICAL	While Not while	ry, street, office bldg.,	farm, 20f. (City or town)	(County) (State)
Σ		March	19 63 to Dec 12 1	1965 , that (I) (we) last
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Dec 11 19 65, and that		A M, from the causes and	
	22a. SIGNATURE	death occurred at		D. DATE SIGNED
	Harolde / hich D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	
	22c. PHYSICIAN'S	22d. ADDRESS	DIRECTOR C PHIS. CT	NAME OF THE OWNER
	NAME (Type) Harold R. Tritch, Jr M.D	302 N	· Potomac Street	Hagerstown, Md
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town o	r county) (State)
B	REMOVAL (Specify) Dec. 15-65 Rest Haven	Cemetery	Hagerstown M	aryland
	FUNERAL DIRECTOR ADDRESS	PE CR	EQ'D BY REGISTRAR 250 AEGIST	HAR'S STENATURE
1	Albert L. Leaf Williamsport Md.	DATE	10000	6
-				

the property of the property o retransition and interesting matter Letyresoner and the state of t mala de enomineza March 12 160 2 000 12 12 140 on commission as a specific of the NOS C.M. TURBERT .. Morre

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and it any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	17000		Ttom	#2 CERTIFIC	ATE	OF DEATH	1		211	389	
Y	a. COUNTY	H		76U 2 1 1 1 1 1 7 V	1	2. USUAL RESIDEN	CE (Where dec			ce before adm	ission)
	a. COUNTY	Wash	inmton	BARDWI A		a. STATE	to meet o	b. COUNTY	er strip		
1-	b. CITY OR TOW	N (if outside cornora	ington	MARYLA c. LENGTH OF STAY II		c. CITY OR TOWN (II	aryla foutside corp		RURAL and g	ng tor	town)
	write RURAL	and give nearest tov	yn)			42			Manual and B		,
-	dagers	TOWN	ON (if not in he	S weeks		Hage	erstow	n		a la proin	THOE
	d. NAME OF HO	STITAL ON INSTITUTE	NA (II NOC IN NO	spital, give street and	ress)	d. STREET ADDRESS	, 931 1	Main Ave.,	111	e. IS RESID ON A FAI	RM?
		ton Count	y Hosp	ital		Odffindsy/F	16/1/2/E	hit / tible / 1	Keing	YES N	0
3	NAME OF DECEASED	Fi	irst	Middle		Last	4. DATE	Month	Da	y Year	
	(Type or print)	LUELL	A AN	NA AND	ERS	ON	DEATH	Dec.	25	19	35
5.	SEX	6. COLOR OR RACE	7. MARRIED		1 0	DATE OF BIRTH	9.	AGE (In years IF	UNDER 1 YEAR	R IF UNDER 2	
Е	F	W	WIDOWED	DIVORCED [F	eb. 11-18	276	last birthday) M	onths Days	Hours	Min.
10	a. USUAL OCCUPAT	ION (Give kind of work	done 10b KI	ND OF BUSINESS OR		11. BIRTHPLACE (C	ounty & State,		12. CITIZEN	OF WHAT	
		ing life, even if retire	-	IDUSTRY	- 1		787	3- Cl 3/	COUNTR	J.S.A.	
1	Housew:	II.e	1 0	wn houe	1	Leitersbu	DEN NAME	sh Co Mi	1. 4	. D. A.	
Е			.7					~			
1		erry Free		SOCIAL SECURITYNO. I	17 11	VEORMANT C1e1	ta H.	Stouffe	er		
C	res, no, or unkown)	(If yes give war or dates o	f service)					Address			
-	no					. Edna Br	anden	burg 320	No.	Locus	st_
				ne for (a), (b), and (c).	H	agerstowr	ı, Mar	yland.		ERVAL BETW SET AND DE	
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	elmonery	Role	ma teo	mastin	e feele	~e 3	days	-
	4200	DUE		1 1	A	1		l'		,	
	Conditions, If	any, which }	(b) CV	thratile	rot	ic felo	w de	sicre	- 4	20-5	-
	gave rise to cause (a), s								7		
	underlying caus	rating the [(c)								
ON	PART II. OTHER	SIGNIFICANT CONDITION		TING TO DEATH BUT NO	RELATI	D TO THE TERMINAL I	DISEASE,COND	DITION GIVEN IN PA	RT 1(a) 19.		
CAT	1	Talieta.	ma 07-	Fine sund		Gracturel	las i		Y	PERFORM:	O X
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING	20b. D	ESCRIBE HOW INJURY	OCCUR	1	f Injury In Pa	rt I or Part II of I		20 [] 111	
ER	OR CONTRIBUT	ING CAUSE OF DEA	TH NER)						200,		
		INJURY Month, Day,		JURY OCCURRED 206	DIACE	OF INJURY (Home, fa	arm 206 (City or town)	(County)	(Sta	ata)
MEDICAL	Hour a.i		While	Not While	factory	, street, office bldg., e	etc.)	City of town,	(County)	(312	ite)
ME			at work	at work							
				d the deceased from				De 25,	19657	that (I) (we) last
			Dec 29	19 6 5, and	i that o	death occurred at_	M, fro	m the causes an			bove.
	22a. SIGNATU	RE)	1 11			ATTENDING	MED		22b. DATE SI	IGNED	
	Wa-	an Ci D	out to		M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	2000		
	22c. PHYSICIA NAME (T	(na)	V V	The House House		22d. ADDRESS				363	
		John C.	Stauffe	r, M. D.		145 \$. F	rospec	t St. Ha	gerstor	wn, Ma.	
23	Ba. BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEM	ETERY C	R CREMATORY	23d. LOC	CATION (City, town	or county)	(Stat	e)
	Biiri	9	-65	Lutheran	Cer	reterv	Leit	ersburg	Wash	Co Md	1
2	4. FUNERAL DIR		stown I	Lar ADDRESS		25a. RE	C'D BY REGIS	TRAR 25b. REGI	ISTRAR'S SIGI	NATURE	
1	Andrew K			ral Home 1	inc	DEC	30 19	65 Jelia	reley Je	edak	
10	A LILL TO THE A	· VCL in the int	1 - ~~~		447 6				- 1	- 61	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1700	J	CERTIFICAT	E OF DEATI			911	200	
1. PLACE OF DEAT a. COUNTY Washing		MARYLAND	2. USUAL RESIDEN		b. COUNT			mission)
b. CITY DR TDV	VN (If outside corporate limits, L and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (I		orate limits, writ	e RURAL and g	lve nearest	town)
Hagerst	own	3 Days	X Boonsbo	ro				
d. NAME OF HO	SPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS				e. IS RESII	
Washing	ton County Hospi	tal	Lekin A	ve. Ext.				ND X
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day		
(Type or print)	Eleanor	Virginia	Ashkettle	DEATH	Decembe		196	
5. SEX	6. COLOR DR RACE 7. MARRI	ED X NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years I last birthday)	FUNDER 1 YEAI Months Days	Hours	24 HRS
Female	White WIDOW		March 29,19	923	12 yrs.	9 11		
during most of work	TIDN (Give kind of work done 10b king life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, (or foreign country)	12. CITIZEN CDUNTR	OF WHAT	
Housewi		Own Home	Smithsbur	rg, Md.		U. S.	. A.	
			14. MOTHER'S MAI					
Maurice		C ADOLL OF CHILD TO A A TO	Naomi Boy	wman	Address			
(Yes, no, or unkown)	(If yes give war or dates of service)		INFORMANT					
No.			ames E. Ashl	ceitle,	Boonsbor			N
	DEATH [Enter only one cause pe		. R.			ON	ERVAL BET SET AND D	EATH
/ CO	IMMEDIATE CAUSE (a)	ECInom ?	a Or	e257	•			
1101	DUE TO 200	eta stasis	To Live	- 41			bons	1
Cenditions, If	Immediate (1 2 2 1 2 1 3 13	10 210 8	V Z	7		1	
cause (a), s underlying cau	an last							
	SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN P		PERFORM	
OR CONTRIBUT	WAS UNDERLYING [] 20b. ING [] CAUSE DF DEATH DTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY DCCI	URRED. (Enter nature o	of Injury in Par	t I or Part II of	Item 18.)		
Hour a.		le Not While facto	ACE OF INJURY (Home, fory, street, office bldg.,	arm, 20f. (0 etc.)	lity or town)	(County)	(St	tate)
	fy that (I) (this hospital) atte	nded the deceased from	t death occurred at	19.65, to_	3 6 OCC n the causes a	, 19 <u>65</u> , t nd on the da	hat (I) (w te stated	e) last
22a. SIGNATH		imboch M.	ATTENDING -	MED. DIRECTOR	STAFF PHYS.	31 Date \$		5
22c. PHYSICI NAME (T	AN'S Frank E	Brumback	22d. ADDRESS	King	57	Haze	erstea	و العا
23a. BURIAL, CREI REMDVAL (SO Burial	MATION, 23b. DATE THEREOF 1- 2- 66	23c. NAME OF CEMETER			ATION (City, town)		(Sta	ite)
24. FUNERAL DIR		ADDRESS			RAR 25b. REG		NATURE	
John H. B	ast, Jr. 112 N.	Main St. Boonsbo	oro, Md Daje	1 4 19	56 pel	arley I	usge	

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bneftreek and bunding of 422 GVA DEDAT Manh or ten County Honelton L - alth-title - Disserted 20. Ainterior some 18 34 | (Sel.es donne ette elest Salthabarr, 32. margin Inon' . at . crominged . eliforical . E common . M.

oughal - La co Whet Mand Demotery - Hagerstown, Man-

At woln s. dat, or, 112 h. min St. Sonnstone, id. - 1 1 - 1 1 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND CERTIFICATE OF DEATH 20202

1. PLACE OF DEATH o. COUNTY		CE (Where deceased lived, If institution: R b. COUNTY	esidence befora edmission)
Washington MARYLAND	. STATE Maryl		ington
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b		If outside corporate limits, write RURAL and	give nearest town)
write RURAL end give nearest town) Hagerstown Md. 60yrs	43 Hamman	own Massall as i	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass)	d. STREET ADDRESS	own Maryland	e. IS RESIDENCE
	/		ON A FARM?
41 W. Bethel Street		Bethel Street	YES NO
DECEASED	Last	4. DATE Month	Day Year
(Type or print) Mary Winifred	Barnum		25 19 65
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years IF UNDER 1	
Female Colored WIDOWED TO DIVORCED	May 10 18	75 90 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR			ZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Housewife Own home	Danie W	U	SA.
13. FATHER'S NAME	Paris, V	NAME	
Joshua Gaskin	Carolin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT	Address	
(Ves no es unhavan) ((funs sive una es detectos miss)		Barnum 58 W. Bet	hol C+
1B. CAUSE OF DEATH [Entar only ona cause par line for (a), (b), and (c).]	s. carrie	Daritum 38 W. Be W	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:			ONSET AND DEATH
IMMEDIATE CAUSE (a) MYDCARDIAL	IMFARCHON	(Scause
4201 DUE TO			
Conditions, if any, which) (b) ARTERIOSCUSEOT	ic Henri I	DISENSE	YRS.
gave rise to immediata cause			
(a), staling the underlying cause last. (c) A RTERROSCUEROS	18 GEHERA	-125	Yrs.
			1(a) 19. WAS AUTOPSY
OF			PERFORMED?
208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE			
□ OR CONTRIBUTING □ CAUSE OF DEATH	D. (Enter nature of injury in	n Part I or Part II of Itam IB.)	51 KS W 151
	CE OF INJURY (Homa, farr tory, streat, offica bldg., etc		nty) (Stete)
p.m. 19 at work et work			
21. I certify that (I) (this hospital) attended the deceased from	27 Sim	1963 to 25 Dec. , 196	e5, that (1) (we) last
saw the deceased alive on 7 Dec. 1965, and that	death occurred at 7	AM, from the causes and on the	e date stated above.
22a. SIGNATURE			22b. DATE
100 A. a.		MED. STAFF DIRECTOR PHYS.	27 DEC. 1965
22c. PHYSICIAN'S	22d. ADDRESS		2. 22. 1/63
NAME (Type) W.M. FEHDER	218 N.P	STOMAC ST. HAGSE	STOWN, WED.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		23d. LOCATION (City, town or county	(State)
REMOVAL (Specify)			
	emetery	HagerStown Mc	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a RE	C'D BY REGISTRAR 256. REGISTRAR'S:	//
gotin M Walson & Hagustown M	S. DXIE	29 1965 Jelianle	Juage

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 47000 CERTIFICATE OF DEATH

14000	2000
PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
Washington MARYLAND	a. STATE Maryland b. county shington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Near Hagerstown 2Yr.9Mo.	A2 Hagaretown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	03 Hagerstown d. Street Address 6. IS RESIDENCE
Homewood Church Home	ON A FARM?
	44 East Antietam YES□ NO□
3. NAME OF First Middle DECEASED TO THE TRANSPORT TO THE	Last 4. DATE Month Day Year
(Type or print) Emma Florence	Binkley Dec. 18, 1965
7. MARKIED NEVER MARKIED	B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. Months Days Hours Min.
Fenale White WIDOWED X DIVORCED	April 2,1883 83 yrs. Months bays hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) House Wife Own Home	Middleburg Penna. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Layman	Amlia Zeigler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17	INFORMANT
(Yes, no, or unknwn) (If yes nive war or dates of service)	40 host Antiotom St
	s Roy J. McNamee Hagerstown, Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conferios clere	the Heart Ness. 10 cuso
4200 DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
TAG	PERFORMED?
2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part or Part of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTION CO	MALES. LEATER MOTING OF HIJING HI PORT I OF PORT II OF ITEM 10.
	OF DE INHIBY(II) (I OOK (OII) I OOK (OII)
factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
While Not While at work 19 at work	
21. I certify that (I) (this hospital) attended the deceased from	8-13, 195, to 12-18, 1965, that (i) (we) last
	death occurred at 3154 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Kohert! Courad M.D.	ATTENDING MED. MED. STAFF DIRECTOR PHYS. DI 12-18-65
22c. PHYSICIAN'S	22d. ADDRESS 137 W. Washington
NAME (Type) No bert 1. COTTTAG	Hagerstown, Ina
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Specify)	
24. FUNERAL DIRECTOR ADDRESS	Cenetery Middleburg Penna.
Andrew K. Coffman Funeral Home Inc.	DEC 22 1005 Policy lugar
Hagerstown, Maryland	DATE C 2 2 1965 feliarles Judge

1000 C A STATE OF THE STA

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET.

H	AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, N	IARYLAND
_								

)	1701		CERTIFICATI	E UF DEATH		24393
1.	PLACE OF DEAT	Н		2. USUAL RESIDENC	E (Where deceased lived, If Institution: R	esidence before admission)
	a. COUNTY	WASHINGTON	444000 4410	a. STATE	b. COUNTY	CUTWOMON
-	b. CITY OR TOW	N (if outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b		Outside corporate limits, write RURAL	SHINGTON and give nearest town)
	write RURAL	and give nearest town)				und give moureur termy
		STOWN	8 MOS.		HAGERSTOWN	
	d. NAME OF HO	SPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		FRANKLIN STREET			SHINGTON STREET	YES NO X
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
	(Type or print)	BELVA	VIOLA	BLACK		9 19 65
5.	SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS.
	FEMALE	WHITE WIDOWED	□ DIVORCED □	APRIL 8,1914	4 51 yrs. Months	Days Hours Min.
10a	. USUAL OCCUPAT	TION (Give kind of work done 10h K	IND OF BUSINESS OR		ounty & State, or foreign country) 12. C	ITIZEN OF WHAT
dur			NDUSTRY	************		OUNTRY?
12	TAVERN C		VERN	WASHING'I		U.S.A.
13.	. TATHER S HAIR			14. MOINER S MAID	EN NAME	
		ROBERT L. FOX			WERDEBAUGH	
15 (Ye	. WAS DECEASED	EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	AddrHAGERS	STOWN, MD.
(NO		13-18-9129 MR	. CODY BLACE	C.SR. 343 W. WASHIN	IGTON ST.
		DEATH [Enter only one cause per li				I INTERVAL BETWEEN
		CATH WAS SAUGED DV		-un andtha	lial tyme	ONSET AND DEATH
	150	IMMEDIATE CAUSE (a) Carc	thoma of esopha	rgusepi che	TIAL Cype	1 your
		DUE TO				
	Conditions, If					
10	cause (a), s	DUE TO				
	underlying caus	se last. (c)				
O	PARTII.OTHER	SIGNIFICANT CONDITIONS CONTRIBL	ITING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION	Malmi	trition				YES NO NO
트	20a, ACCIDENT	WAS UNDERLYING TI 20b. I	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of	Injury In Part I or Part II of Item 18	
ER	OR CONTRIBUT	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)		\ <u></u>		
			NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City or town) (Cou	inty) (State)
MEDICAL	Hour a.i			ry, street, office bldg., et		inty) (State)
ME	p.	111110				
	21. I certif	fy that (I) (this hospital) attend	ed the deceased from Oct	28 19	64 to Dec. 9 , 1965	5_, that (I) (we)-last
		ceased alive on Dec. 9	1965_, and that	death occurred at 5	115M, from the causes and on the	he date stated above.
	22a. SIGNATO					ATE SIGNED
	//	11/2/ /	M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. 12/	10/1965
B	22c. PHYSICAL	Hr's Clyman	(11.12	22d. ADDRESS	DIRECTOR CONTROL CONTROL	10/190)
	NAME (T	ype) WILLIAM T. LAY	MAN M.D.	PROFESSI	CONAL ARTS BLGD. H	AGERSTOWN
238	. BURIAL, CREA		23c. NAME OF CEMETERY		23d, LOCATION (City, town or cou	
238	BURLAL (So	ocitu)				
-04			ROSE HILL CE		HAGERSTOWN MAR	I LAND
24	. FUNERAL DIRI	. //		DEC.		Judge
	Kailes	m Kous H	AGERSTOWN. MAR	YLAND DEC	1 6 1965 Janarles	19

ESEUL. SERIES INTERTERING IN EACH te diet, area WASHINGTON CO., The CLEED W. B. H. DE PROTESTAR BURBARRES & ANG 107 JUNE 101 Efficiency of the copy bilen, see the western on the There I Design I have I had for the authority to the authority and the same of 201 - 20 Jed - 20 2 - 20 20 -/1./1--SMATTER 13.1915 NOTE HILL OF STORY HAR CHICK LINETHES SAGE OF THE OWNER OF THE PERSON OF THE PERSO

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 17011

1. PLACE OF DEATH a. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Washington County Hospital	55 E. Franklin St. YES NO
	OWARD 4. DATE Month Day Year DF DEATH Dec 18 1965
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED	8. DATE OF BIRTH UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Months Oays Hours Min. Min.
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) House Wife Own Home	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Lippy	Martha Brough
(Yes. no. or unknyn) (If yes nive war or dates of service)	S. William Boward Hagerstown, Md.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) Complete Heart	Block
Conditions, If any, which \ DUE TO Myocardial in	farct
gave rise to Immediate (b)	
underlying cause last. (c)	nced arteriosclerotic heart disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO OEATH BUTNOT REL NONe 202. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) None	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES NO
	URREO. (Enter nature of Injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor a.m. While at work factor at work factor at work 19	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	Aug , 19 61, to Dec 18 , 19 65, that (I) (we) last
saw the deceased alive on Dec 17 19 65, and that	at death occurred at A.M. from the causes and on the date stated above.
22a. SIGNATURE	D. PHYS. MEO. DIRECTOR PHYS. 22b. DATE SIGNED 12-20-65
22c. PHYSICIAN'S NAME (Type) Dr Harold R. Tritch, Jr	22d. ADDRESS N. Potomac St Hager stown, Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 12-21-65 Cedar Lawn	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Scott F. Minnich & Son Hagerstown	, Md. DATEC 27 1965 Icharles Judge

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4	MILENDAY ST.			lernington Causity
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37-36-31				
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TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death: Page 4	may be retained. The haspital or attending physician.	page 3 should be detached for use as the burial-transit permit. Then please remove carbotroppers. Pages 1 and 2 should be filed with	the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs of te. Geath.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	17012	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No. 2039:			
1	1. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who s. STATE Maryland	b. COUNTY	an: Residence before admission)			
1	b. CITY OR TOWN (If outside carporote limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carporate limits, write R	URAL and give nearest town)			
1	Pinesburg Md.	16 Years	Pinesburg	Md.				
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
4	Washington County Hos	ni tal	Rd. 2		YES NO B			
	3. NAME OF DECEASED (Type or print) 7177 2m	Middle	Last	4. DATE Mon				
ł	VV ale ale ale de Child		ant 8. Date of Birth	Decal	19 IF UNDER 1 YEAR IF UNDER 24 HRS			
1		9	o. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.			
-	Male White WIDOW		Oct 11, 191	2 53 yrs.				
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	SIRY II. BIRTHPLACE (State	ar toreign country)	12. CITIZEN OF WHAT COUNTR			
		Furni ture	Maryland		JU. S.			
ı	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME				
	William R. Brant		Lula Down	S XXXXX				
I	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) [(If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT	Addr	ess			
ı	No 2	14-09-2576 A	rlene Brant	Pineshurg	Ma			
Ī	18. CAUSE OF DEATH [Enter only one cause per I		· · · · · · · · · · · · · · · · · · ·	- Himonite	LINTERVAL BETWEEN			
1	PART I. DEATH WAS CAUSED BY: Ventricular fibrillation 5 minutes							
ı								
I	Co	Coronary artery occlusion with myocardial infarction 5 minute						
١	gave rise to immediate (b)							
1	1 antice (a) station the sender > DUE IO	Coronary artery	atherosclero	eie	unknown			
ı	(c)		····					
1	PART II. OTHER SIGNIFICANT CONDITIONS				'EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
ı	Tumor, middle lobe, lung,				YES NO NO			
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I or Part II of item 18.)				
	Hour o. m. While	Not while for	ACE OF INJURY (Home, farm, tary, street, office bldg., etc.		(County) (State			
		rk at work	0.00	1 1 2 25				
1	21. I certify that I attended the deceo	sed from Feb. 8, 1	.963, 19, ta_De	ecember 1, 1965				
1	alive an Nov. 22, 1965, 19	, and that deoth	occurred of 7:55	My from the causes o	and on the date stated above			
ACTUAL SIGNATURE Couling Cobust Che M.D. P.O. Box 205 12/03/65								
							1	
i	PHYSICIAN'S Archie Robert	Cohen, M.D.	Clear S	pring, Maryland	1			
-	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, o	or county) (State)			
	REMOVAL (Specify)	Green Lawn		Williamsport	**			
1	Burial Dec + 65	ADDRESS	24g PEC'I		TRAR'S SIGNATURE			
1	Torold 18 11	Clear Spri		8 1965 gcl	confor Indee			
ı	- INVIVOU C. FINIMINA	T. a.	- TUNE U	// [COC]	1 1			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	17013			CERTIF	ICA	TE OF DEATH	4		Reg. Dist. No	. 2039
T.	PLACE OF DEATH o. COUNTY Was	hugten		MARYL	AND	2. USUAL RESIDENCE (WI	nere deceased li	ved. If institutio b. COUNTY	ni Residence bef	ore admission)
	b. CITY OR TOWN (If a RURAL and give neon	Town	2	NGTH OF STAY IN	V 16	c. CITY OR TOWN (IF a	outside corporat	hayell	2 20 4	parest fown)
/_	d. NAME OF HOSPITAL OR INSTITUTION	1011	ive street oddress	2		d. STREET ADDRESS		/		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	ville	em,	Nerry	1	Brookens	4. DATE OF DEATH	Dec	h /	o 19 6
	24	6. COLOR OR RACE	WIDOWED [DIVORCED		DATE OF BIRTH	3	80 yrs.	Months Doys	R IF UNDER 24 HI Hours Min
1	Letired la	g life, even if retired		of Business OR	INDUST	RY 11. BIRTHPLACE Stole		lry)	12. CITIZEN	OF WHAT COUNT
	FATHER'S NAME	seph 0	Brook	ens		14. MOTHER'S MAIDEN N	West			
15.	WAS DECEASED EVER	IN U.S. ARMED FOR yes, give war or dates of s		L SECURITY NO 30 -/279	12.	ormant Clara	P. Droc	heus ,	Fragett	Enlle /
	PART 1. DEATH PART 1. DEATH Conditions, if ony gove rise to imp	WAS CAUSED BY: MMEDIATE CAUSE (o DUE TO	Car	(a), (b), and (c).] Cen	in	v left k	idney		100	TERVAL BETWEEN ISET AND DEATH I CUCCH ENERGY
7	coese (a), stating the lying couse lost.	e under- DUE TO)				/			
CERTIFICATION		R	ecor	don	1 0	and the termi	pen	ere	N IN PART 1(o)	PERFORMED?
1 -	20g. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OF	CURRED.	(Enter nature of injury in I	Part 1 or Part II	of item 1B.)		
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes	While N	OCCURRED 2 Not while the work	Oe. PLAC	E OF INJURY (Home, form rry, street, office bldg., etc	, 20f. (City or	lown)	(County) (Sto
	21. I certify that alive on	t I attended the	deceased from 12/9/63			D. 1965, to Appropriate to Appropria			nd on the de	aw the decea ate stated abo DATE SIG
22	NAME (Type) O. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREC	F 22c.	NAME OF CEMEL	20	EREMATORY sant	22d. LOCATION	N (City. town, or Shir Ca,	county)	(State)

1965

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TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	20101
2. PLACE DF DEATH 2. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Washington MARYLAND	a. STATE b. CDUNTY Frederick
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown	Frederick 1011-2
d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address	d. Street address e. Is residence on a farm?
Garlock Memorial Convalecent Home	
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
	Brown Death Dec. 4 1965
7. MARRIED NEVER MARRIED	8. DATE DF BIRTH 18 Jan 1897 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. IFUNDER 24 HRS. Months Days Hours Min.
Female White WIDDWED DIVORCED 10a. USUAL DCCUPATION (Give kind of work done 10b, KIND DF BUSINESS OR	yrs.
during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY?
	Frederick, Md. U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert R. Wallis	Fannie A. Shipley
(Yes, no, or unknown) (If yes nive war or dates of service)	INFORMANT Address
	Forrest N. Brown (Same as item #2)
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Cerebral hemo	rrhage 5 days
33/X DUE TO	T - 0. 11
Cenditions, If any, which gave rise to immediate (b) Arteriosciero	sis (cerebral) Indefinite
cause (a), stating the DUE TD	[14] [17] [18] 11 [20] 12] 12] 12] 12] HOLE SAND SAND SAND SAND SAND SAND SAND SAND
underlying cause last. (c)	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 2DA. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)
3 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	tory, street, office bldg., etc.)
	Nov. 29 19 65to Dec. 4, 1965, that []] (we) last
	at death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE	0:05 A. 22b. DATE SIGNED
10.12/herse M.	
NAME (Type) B. B. Kneisley, M.D.	22d. ADDRESS 148 West Washington St. Hagerstown, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETER	
Burial (Specify) 12/7/65 Mount Oliver	
24. FUNERAL DIRECTOR HAMPE R. SADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
M. R. Etchison & Son, Frederick, Ma.	21701 DAREC 7 1965 Milantes Judges

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Presentes			
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND

	17015	or oranion.	JAL REGE	CERTIFIC	CAT	E OF DEATH		, DALI IMON	>= 15 marc	20398
1.	PLACE OF DEATH a. COUNTY	ASHINGTON		MARYL	AND	2. USUAL RESIDENT a. STATE	CE (Where dece	ased lived, If insti b. COUNT	Υ	ce before admission
	Write RURAL HAGERS		/n)	c. LENGTH OF STAY		c. CITY OR TOWN (IF		orate limits, writ	e RURAL and g	
		ON COUNTY		nospital, give street ad	aress)	d. STREET ADDRESS	EVELANI	AVENUE		e. IS RESIDENCE ON A FARM? YES NO 2
3.	NAME OF DECEASED (Type or print)	LOUEL	irst LA	Middle AUGUSTIE	ES .	Last BROWN	4. DATE OF DEATH	Month DECEMBER	20	19 65
	SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED			JULY 17,188	1 9.	AGE (In years last birthday) 84 yrs.	onths Days	Hours Min
du				IND OF BUSINESS OR INDUSTRY IN HOME		11. BIRTHPLACE (C UNKNOWN	OHIO	or foreign country)	U.S.	RY?
	. WAS DECEASED E	TIN L. MOA'. EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16	. SOCIAL SECURITY NO.		SARA GR. INFORMANT SS. MARGARET		AGERSTUM EY 104 J		LAND ELAND AV
		ATH WAS CAUSED BY IMMEDIATE CAUSE DUE any, which Immediate ating the DUE	(a) TO (b)	Canda Conor	i a a lu	Faile my Sch sed ar	eros.	is		TERVAL BETWEEN NSET AND DEATH
CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITION	ONS CONTRIB			TED TO THE TERMINAL I			,	PERFORMED? YES NO
	OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING THE NG CAUSE OF DEA TIFY MEDICAL EXAMINATION DAY.	TH NER)			RRED. (Enter nature of		City or town)	(County)	(State)
MEDICAL	Hour a.n	n. 19	While at wor	Not While at work	facto	ry, street, office bldg., e	tc.)	1- /		
		ceased alive on 1	12/20/	ded the deceased from the second seco		ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR		nd on the da 22b. DATE S	1,1965
23	a. BURIAL, CREM REMOVAL (Spe BURIAL 4. PUNERAL DIRE	DEC.	23,196				HAGE	RSTOWN, TRAR 25b. REG	MARYLA	

HAGERSTOWN, MARYLAND

DEC 28 1965

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. softing and completely filled in by the funeral lease remove carbon papers. Pages 1 and 2 and in any event, within 72 hours after death, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phys director, page 3 should be detached for use as the burial-transit permit. Then ple should be filed with the State Dept. of Health prior to burial, cremation, or removal, a

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GRAILEAN, MINOT			- 110V .v (127)	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the forecast director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages/1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
17016	CERTIFICATE OF DEATH	00200

	4.74.1
1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence of the country	ence before admission)
II a SIASE D COUNTY	
Washington Maryland Maryland Maryland C. CITY OR TOWN (if outside corporate limits, write RURAL and c. CITY OR TOWN (if outside corporate limits)	
Write RURAL and give hearest town)	I Rise meaterr rown)
Hagerstown 10 days 03 Hagerstown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Washington County Hospital 31 & E. Franklin St	YES NO
3. NAME OF First Middle Last 4. DATE Month DF	Day Year
(Type or print) RAY L. BUHRMAN DEATH Dec. 21	1965
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE last birthday) Months Oay	
Male White WIDOWED DIVORCED May 4, 1896 (ast birthday) Months Oay	ys Hours Min.
10a. USUAL OCCUPATION (Cive kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT
	J.S.A
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Enory L. Buhrman Ella Kendall 15. WAS DECEASED EVERYNU.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	7
no 206-03-5147 Mrs. Leon Delauter, R # 1, C	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) Dulymany exhall & artiful whole	days
420 DUE TO 16	17
	weeks
gave rise to immediate cause (a), stating the OUE TO	
underlying cause last. (c) Billiopholiratic heart dicease	geors
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	
ZDc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 20f. (City or town) 20f. (City	(State)
Hour a.m. While Not While at work at work	
	that (I) (we) last
One stone the control of the control	Jate Stated anove.
ATTENOING MED. STAFF	STUITED
M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. AODRESS	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)) (State)
Burial 12/24/65 Bethel Venetery Garfield, Md.	
24. FUNERAL DIRECTOR ADDRESS 25a. REC'STRAP 25b. REC'STRAP'S SI	CNATURE
Andrew K. Poffnan Funeral Home, Inc DEC 27 1965 Markey	udge.
Hagers town, Md.	

Control of the second of the s SID AD AUG. Sen P. L. MIR. The state of the s D

FOR STATE HEALTH DEPT.

X

O DEPUTY MEDI. EXAMINER: This certificate should be executed within 24 hours after death. If any delay accessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO DEPUTY MEDI

VR A15ME (5) 5M 1/65

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	MARTLAND STATE DEPARTMENT OF REALTH	
ivision	of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
17	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	OBAD

		1154 1181
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY	esidence before admission)
WASHINGTON MARYLAND	Section was a seek	ASHINGTON
b. CITY OR TOWN (if outsida corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
HAGERSTOWN 5YRS.	03 HAGERSTOWN	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
427 McDOWELL AVENUE	427 McDOWELL AVENUE	YES NO T
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Typa or print) BARBARA KAY	BUMBAUGH DECEMBER	9 19 65
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 last birthday) Months	YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWED DIVORCED	APRIL 7.1960 5 yrs.	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	1 11. BIRTHPLACE (Stata or foreign country) 12. Cl	TIZEN OF WHAT
during most of working lifa, even if retired) INDUSTRY	MARYLAND	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.D.H.
WILLIAM E. BUMBAUGH	MARY E. WORTHINGTON	
		CLDI MD
(Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address ERST	
	S. MARY BUMBAUGH 427 McDOWEL	
18. CAUSE OF DEATH [Enter only ona causa per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a) Gunshot Wound Of I	eft Chest.	Instant
DUE TO		A 200 B
Conditions, If any, which gave rise to Immadiate (b)		
cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAT		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CON	RRED. (Enter nature of injury in Part I or Part II of Itam 18.))
CAUSE OF DEATH.	ing with sum	
20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Homa, farm, 20f. (City or town) (Cour	nty) (State)
Hour The While Not While I ractor	ry, street, office bidg., atc.)	- MA
21. I certify that I took charge of the remains described above, held	d an Autopsy , Inspection , Inquiry ,	and in my opinion
death resulted from: Natural causes , Accident x , Suid	cide [, Homicide [, Undetermined manner]	
ACTUAL ST. 11/1 A ST. 12 ST.	ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
SIGNATURE STATE OF THE STATE OF	DEPUTY MEDICAL EXAMINER TO	12/10/1965
EXAMINER'S ETHIADT LE DITIMO TO M D 245		
	OR CREMATORY 23d, LOCATION (City, town or cou	inty) (State)
REMOVAL (Specify)		
BURIAL DEC. 11,1965 ROSE HILL CE	METERY HAGERSTOWN M. 25a. REC'D BY REGISTRAR 25b./ REGISTRAR'S	ARYLAND SISIGNATURE
100. K. S. K.	DEC 1 5 1965 1/2000 1	Judge
GINEM MEEGE HAGERSTOWN, MARY	LAND FDATE	*

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AD ANTOERAL		VAID 43	
	AND THE REAL PROPERTY.	and the same	
	et gytera udovotov spa	AMERICA GLANCE	ion 754
	spen (-112) Rougeton La		
	2 0301.7 TURN 0-9		
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12/10/15		tradel the the	
	oranga as otal as o	TAR OWNER OF CHAME	
OLUMBAN S	Novament Tribino Uti	11,1965 9008 1008 E001,11	Little

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please around be detached for use as the burial-transit permit. Then please around be detached for use as the burial, cremation, or removal, and any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH

		J. U.R.
1. PLACE OF DEATH a. COUNTY Wa shington MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residen a. STATE b. COUNTY Maryland Pro Ge	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	give nearest town)
Hagerstown	Hyattsville, Md. /6x.	2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Western Maryland State Hospital	2702 Kirkwood Place	YES NOTE
3. NAME OF DECEASED (Type or print) MARY EVELYN BU	RTON 4. DATE Month DEC 15	19 6 5
	C-25-1902 9. ACE (In years IF UNDER 1 YEA C3 yrs. Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZET	
Housewife own home		A
OWIZ HOME	14. MOTHER'S MAIDEN NAME	
John Lethbridge	Katherine Baker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	spital record Hagerstown, Md	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		TERVAL BETWEEN
		ISET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA		0 01195
DUE TO		4
Conditions, if any, which gave rise to immediate (b) SARCOMATOSI	5	NKNOWK
cause (a) stating the DUE TO		I MAD A. THE
underlying cause last. (c) SARCOMA OF		MONTHS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19	PERFORMED 3
O DIABETES MELLITUS - ARTER	10 SCLEROTIC HEART DISEASET	
PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SAFETY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO RECONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of Item 18.)	
	E OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
	y, street, office bldg., etc.)	(5250)
21. I certify that (I) (this hospital) attended the deceased from 4	-7- , 1964, to 12-15 , 1965, t	that (I) (we) last
saw the deceased alive on $12-13-1965$, and that	death occurred at 2 15 M, from the causes and on the da	
22a. SGNATURE	ATTENDING MED. STAFF	IGNED
Huloclio U. / Allagion M.D.	PHYS. DIRECTOR PHYS.	, 8 5
22c. PHYSICIAN'S NAME (Type) ANTONIO U. PALLAGROST	1500 Penne Ave Hagen	lown
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)	OR GREMATORY 23d. LOCATION (City, town or county)	(State)
Burial Dec 18, 1965 Ft Lincoln	Cemetery Colmar Manor, Md.	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR 25b. RECISTRAR'S SIC	do to the
F. Gasch's Sons Hyattsville, Md.	DEC 20 1965 Pelianles Ju	ogia .
	The state of the s	

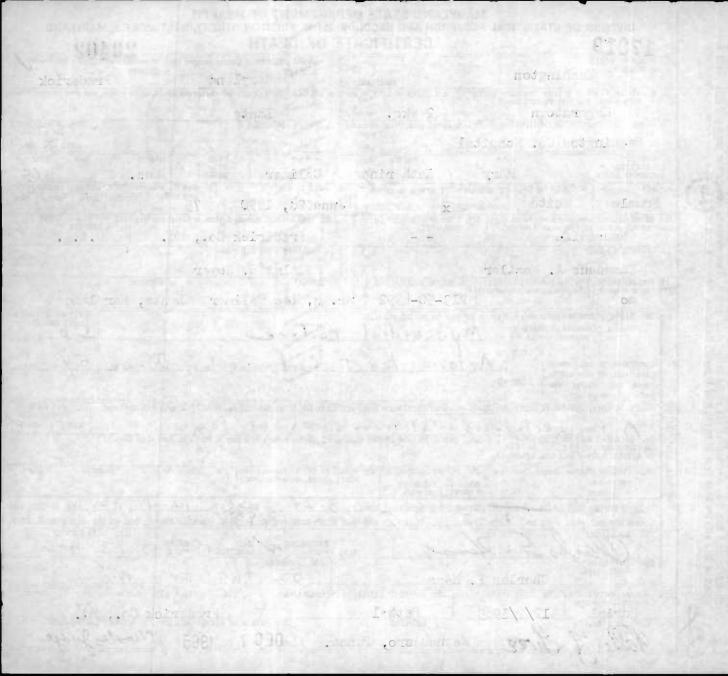
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AIS (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	17019		4. 9	CERTIFICAT	E OF DEATH	911/	109
1.		Washington		MARYLAND	2 STATE	E (Where deceased lived, If institution: b. county Yland E	Residence before admission)
	b. CITY OR TOW write RURAL	/N (if outside corpora , and give nearest to	ite limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURA	L and give nearest town)
	Ha	gerstown		2 wks.	Lan	itz 10	x - 2
	d. NAME OF HO	SPITAL OR INSTITUTI	ON (if not In	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Washin	gton Co. Ho	spital				YES X NO
3.	NAME OF DECEASED		irst	Middle	Last	4. DATE Month	Day Year
_	(Type or print)		lary	Katherine	Calimer	DEATH Dec.	4 19 65
	SEX	6. COLOR OR RACE			B. OATE OF BIRTH	9. AGE (In years IFUNDE Months	Oays Hours Min.
	Female		WIDOWEL	OIVORCED OIVORCED	June 28, 189		CITIZEN OF WHAT
	nous	TION (Give kind of work ling life, even If retire EWife	ed)	INOUSTRY	Frederi	ck Co., Md.	U.S.A.
13.	FATHER'S NAM	1E			14. MOTHER'S MAID	EN NAME	
		eus A. Wast				. Royer	
(Ye	s, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates	of service)		INFORMANT	Address	
	no				c. H. Lee Ca	limer Lantz, Mar	
				line for (a), (b), and (c).]	- 1		ONSET AND DEATH
	PART I, DI	EATH WAS CAUSEO BY IMMEDIATE CAUSE	(a)_/N	Yocardial	Failure		2 Days
	422	DUE.	TO A	leviosclerot	- 1	/)	F the
	Conditions, If gave rise to	Immediate /	(b) AY	161102016801	ic Lardiove	120122 P126126	3783.
	cause (a), s underlying caus	tating the	ТО				
No			(c)ONS CONTRIE	UTING TO OEATH BUT NOT RELA	TED TO THE TERMINAL O	ISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ICATI	Avt	er (0 8 c/e	203.5	Ubliteran.	s of vt	. 108.	YES NO
MEDICAL CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATHY MEDICAL EXAMI	TH NER) 20b.	OESCRIBE HOW INJURY OCCU	RREO. (Enter nature of	Injury In Part I or Part II of Item 1	8.)
SAL		INJURY Month, Day,		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, far	rm, 20f. (City or town) (Co	ounty) (State)
MEOI	Hour a.ı p.ı		While at wo	Not while	ry, street, office bldg., et	c.)	
	21. I certif	fy that (I) (this hos	pital) atten	ded the deceased from	3-24, 19		65, that (I) (we) last
		ceased alive on	12-3	1965, and that	death occurred at	M, from the causes and on	
	22a. SIGNATU	RE 1/ E	7/			MED STAFF - /-	DATE SIGNED
	22c. PHYSICIA	Mis 1	· Hes	M.C	PHYS. MODRESS	DIRECTOR PHYS.	7 9 5
	NAME (T	ype)	les F.	Hess	Smi	the burs un	1
23a	. BURIAL, CREM	MATION. 23b. DATE		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, fown or c	ounty) (State)
	REMOVAL (Sp Buria	ecify)	1965	Bethel		Frederick Co.	Md.
24				AOORESS	25a. REC	Trederick Co., 'D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
	Halter	of Shees	y W	aynes boro, Peni	na. OBEC	7. 1965 Jeliane	es Judger
	The state of						and the second



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then phase remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF ST	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORI	E 1, MARYLANI
47020	CERTIFICATE OF DEATH	01110

1.	PLACE DF DEAT a. COUNTY					2. USUAL RESIDEN a. STATE	CE (Where dec	eased lived, If ins b. COUN	TY		
	WAS	SHINGTON		MARYLA		c. CITY OR TOWN (I	MARYLAN	0	WASH	INGTON	
	b. CITY OR TOW	/N (if outside corpora	te limits,	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (I	foutside corp	orate Ilmits, wr	ite RURAL at	nd give near	est town)
		VN (if outside corpora and give nearest tow IAGERSTOWN		20 DAYS		13 HAGERST	NWO!				
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not in ho	spital, give street add	dress)	d. STREET ADDRESS				e. IS RI	SIDENCE FARM?
		MANOR INC.				115 LINDE	N AVEN	JE			NO X
3.	NAME DF DECEASED	FI	rst	Middle		Last	4. DATE	Monti		Day Y	ear
	(Type or print)	WILLIAM	М	DEAN		CANAN	DEATH	DECEMB	TR.	20 19	65
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	18	. OATE OF BIRTH	9.	AGE (In years)	IF UNDER 1	YEAR IF UND	ER 24 HRS.
I	MALE	WHITE	WIDOWED	DIVORCEO		MARCH 4.188	37	78 yrs.	Months 0	ays Hour	s Min.
102	. USUAL OCCUPA	TION (Give kind of work ling life, even if retire				11. BIRTHPLACE (ZEN OF WH	AT
		ÆCH. ENG.		INERING COR	DD	DI ATD CO	DEMNICY	THANTA		NTRY?	
	. FATHER'S NAM		I DAME I	LIVERTING COR.	-	14. MOTHER'S MAI	OEN NAME	LYANIA	1 0,	S.A.	
	WILLIA	M T. CANAN				MARY C.	MYERS				
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16. 5	SOCIAL SECURITY NO.	17.	INFORMANT		HAGHAGE	OWN, 1	MARYLA	ND
	NO		10	67-05-8592		S. RUTH CA	NAN 11	5 LINDEN	LAVE.		
		DEATH [Enter only on		ne for (a), (b), and (c).	1	TO BOX SO SO		A STATE		ONSET AND	
	PART I. O	EATH WAS CAUSED BY IMMEDIATE CAUSE		o cardia		Inter	ct ior	~			10 -
	42A	OUE	,								
	Conditions, If		(b) A 7	torios	cl	protic	402.	A Die	1231	14	r -
	gave rise to	OHE				-	1120		714		
	cause (a), s underlying caus	tathing the	4.	+		ive Vas	cular		10260	26	1 24
NO		SIGNIFICANT CONDITION	ONS CONTRIBU	TING TO DEATH BUT NO	TRELA					119. WAS	AUTOPSY
ATI	· · · · · · · · · · · · · · · · · · ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TING TO DEATH DOT NO	T IV LLET	LO TO THE TERMINAL	OIOLHOL GOIN	,,,,oi,d,,,,	7111 2(4)	PERFO	RMED?
FIC	202 ACCIDENT	WAS UNDERLYING TI	1 205 0	ESCRIBE HOW INJURY	/ OCCIT	DDEO (Enter noture o	d Inlust In Do	et I or Dort II o	f Itam 19 \	YES [NO 🔀
CERTIFICATION	OR CONTRIBUT (IF EITHER, NO	ING CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)	ESCRIBE NOW INJURI	OCCO	KKEO. (Enter nature C	or injury in Pa	ft i or Part ii o	r item 10.)		
CAL	20c. TIME OF	INJURY Month, Day,	Year 20d. IN	JURY OCCURRED 20	e. PLAC	E OF INJURY (Home, f		City or town)	(Count	ty)	(State)
MEDICAL	Hour a.		While	Not While	factor	y, street, office bldg.,	etc.)				
Σ	p.		at work		. 1/		0 01/1-	4-0-0	10//	Ab A (I)	fund lank
		fy that (I) (this hos		the deceased fro	M_/24	death occurred at		DOC-20			
	22a, SIGNATU	ceased alive on 1	00 - 3 - 0	19_0, and	d that	death occurred at-	M, Tro	m the causes	and on the		d anove.
	228. 31014110	1	11 11	1		ATTENOING	MED.	STAFF	ZZD. UAI		
	22c. PHYSICH	1000	Haff	mar	M.D.	PHYS. 2	OIRECTOR L	PHYS.	DEC.	21,19	55
	NAME	LLOYD A.	HOFFMA	C M M			РОТОМАС	ST HA	GERSTO	WN M	0
238	BURIAL, CREM	MATION, 23b. DATE		23c. NAME OF CEM	METERY			CATION (City, to			State)
	REMOVAL (SP BURIAL		2.1965	REST HAVE		METERY		ERSTOWN.		LAND	13/5
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Po	may be retained the haspital ar attending physician.	TO FUNERAL DIRE. OR: After this certificate has been signed by the attending physician and completely filled it the funeral dire	page 3 should be detached for use as the burial-transit permit. Then please remove carbanipapers Pages 1 or. 2 should be filed	the registrar priar to burial, crematian, or remaval, and in any event within 72 hours after death.
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TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	17021			CERTIFIC	ATE OF E	EATH	1		Reg. Dist. No.	20404
1.	PLACE OF DEATH	RSTOWN WA	SHIN	GTON MARYLAND	2. USUAL RESIL	LAND	here deceased lived.	If institution	Residence before	re admission)
	B. CITY OR TOWN	(If outside carporate li	mits, write	c. LENGTH OF STAY IN 16		RSTOU	outside corporate lin	nits, write RUI	RAL and give nea	rest town)
	d. NAME OF HOSE OR INSTITUTION WASH	PITAL (If not in haspital INGTON COUL	give street of	SPITAL	d. STREET A		BORN BOUL	EVARD		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)		First	Middle C.	CHLEBNIK		4. DATE OF DEATH	Manth DECEMB	BER 1	y Year 4 19 65
	FEMALE	6. COLOR OR RAC	WIDOWE		8. DATE OF BIRTI	24	last 4	birthdoy) yrs.	Months Doys	IF UNDER 24 HRS. Hours Min.
_		ION (Give kind of war arking life, even if retin SEWIFE	k done 10b.	AT HOME				SETTS		SA
		YER GREENB			14. MOTHER'S		KALINA			
{Y	WAS DECEASEDEN NO or unknown)	VER IN U. S. ARMED FO (If yes, give wor or dates of			INFORMANT COBERT SCH	OEN F	FUNL HOME	PATER		W JERSEY
		Ony, which immediate g the under-	(o) Ca	to liner	left and s	brea	sh-me	lung	the interest	EVAL BETWEEN ET AND DEATH
CERTIFICATION	PART II. O 20a. ACCIDENT V OR CONTRIBUTIN		20b. DESC	ONTRIBUTING TO DEATH BI	19 (12)				N IN PART I(o) 1	9. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJU	URY Month, Day,	fear 20d. It	_ Not while _	PLACE OF INJURY (foctory, street, office	Home, farm bldg., etc	20f. (City or tov	rn)	· (Caunty)	(Stote
		h. i 🕶		ed fram. Nov. 1.	th accurred at	12.0	Dec. 14 1M, from the ADDRESS (Street, of ETON COUNT	causes an	d an the da	
22	G. BURIAL, CREMAT	10N, 22b. DATE THER		MENORAH CEN			PASSA:	IC, NEW	JERSEY	(Stote)
23	FUNERAL DIRECTO	SON & BROS.	INC.60	ADDRESS 10REISTERSTON	IN ROAD		D BY REGISTRAR	24b. REGISTI	PLAY SIGNATUR	ige.

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FOR STATES

TO DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay coessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR AISME (5) 5M 1/65 2

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

AL.	_			tom	TO ME IN THE	1//4/Db DC			4 1 / 9	7.9.1	
7	1.	PLACE OF DEATH	1		.,	2. USUAL RESIDEN	ICE (Where deceased		ion: Residence l	before admission)	
J	a. COUNTY Washington MARYLANO					a. STATE Maryland b. COUNTY Washington					
ł		h CITY OF TOW			I C. LENGTH OF STAY IN 15			a limite write P			
1	D	Write RURAL	N (If outside corporal and give nearest town Lliamspor	(n)					TORNE MILO BITE	neurest tonny	
1	775	iral Wil	Lliamspor	t #2	20 yrs.		msport I	Md. RFD	#2		
ľ		d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not In I	nospital, give street address	d. STREET ADDRESS	S		a.	IS RESIDENCE ON A FARM?	
	KI	ines Pa	aving Co.	Pin	esburg	Pinesb	117200			ES NO D	
ŀ	0							Month		Year	
1	3.	NAME OF DECEASED		rst	Middle	Last	4. DATE	Month	Day	Teal	
		(Type or print)	Roy		Gorman	Colbert	DEATH	Dec.	8	19 65	
	5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AG	t birthday) Mon	NOER 1 YEAR		
	Me	ale	White	WIDOWED	DIVORCEO -	March 26	1893 775	72 yrs.	nths Days	Hours Min.	
ŀ		77 114				March 26			12. CITIZEN O	FWHAT	
ı				d) 100.	KINO OF BUSINESS OR INOUSTRY			ountry)	COUNTRY?	· ·······	
1		atchmar		Par	ving Co.	Sharnshi	urg Md.		U.S.	A	
ľ	13.	FATHER'S NAM	E			14. MOTHER'S MAI	IOEN NAME				
		Will	Liam Colb	art		Coco	lia Gray	,			
ŀ	15		EVER IN U.S. ARMED FO		. SOCIAL SECURITY NO. 17			Address			
1	(Ye	s, no, or unkown)	(If yes give war or dates o	f towies)		1 .	inesburg	W:	illiam	sport	
-		NO		- 12	10-09-9224 III	s. Plossi	e Colber	't Md.	RFD #	2	
1					line for (a), (b), and (c).]				Oat Day	VAL BETWEEN	
1	Н	PART I. DE	ATH WAS CAUSED BY	Myoca	rdial infarct	. recentl la	teral wal	l of lef	et ONSE	T ANO OEATH	
1		112	IMMEDIATE CAUSE	(at vont	ricle with ru	oture; Homor	ericardi	m; Pulmo	onal'y	Instant	
1		7 201 DUE TO CONIGOR OF OTHER CAGINAL									
1		Conditions, if		(b) Coro	nary atherosc	lerosis, sev	ere, with	recunt			
H		gave rise to cause (a), st		to thro	mbotic occlus	ion of the c	ircumi Lez		200		
		underlying caus		(c)							
	Z			ONS CONTRIB	UTING TO OEATH BUT NOT RE	LATED TO THE TERMINAL	OISEASE CONDITIO	ON GIVEN IN PAR	T 1(a) 19.	WAS AUTOPSY	
	CERTIFICATION								March March	PERFORMED?	
	5									NO [
-	=	20a. EXTERNAL	L CAUSE WAS	20b.	OESCRIBE HOW INJURY OC	CURREO. (Enter nuture	of Injury In Part I	or Part II of Ite	em 18.)		
	5	CAUSE OF DEAT	CONTRIBUTING -								
	الج		INJURY Month, Oay,	Year I 20d	INJURY OCCURRED 20e. PI	ACE OF INJURY (Home,	farm, 20f. (City	or town)	(County)	(State)	
	2	Hour a.n		While	fac	tory, street, office bldg.,				-11/2	
	MEDICAL	p.r	m. 19	at wo							
		21. I certify	that I took charge	e of the rei	mains described above, h	eld an Autopsy .	Inspection	, Inquiry	, and	in my opinion	
		death result		causes Z		uicide . Homio		letermined man	nner 🗍		
		death result	A	Causes P	, Accident, o	CHIEF MEDIC					
1 () / / / / /									22.	DATE SIGNED	
		SIGNATURE	y ac	VI	riginan	W.U.	EDICAL EXAMINER		121	1.1	
		EXAMINER'S	7 - 11	1	2	OEPUTY MEOI	CAL EXAMINER	1	1//8	1/15	
		NAME (Type)	JAF W	411	1/0/	Address (Stre	et, city, town, or	county)	//	103	
	23a	. BURIAL, CREM	ATION 23b. DATE	THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCAT	ION (City, town	or county)	(State)	
	R	REMOVAL (Spe	ecify) Dec.	12-65	It fiam C	emetery	Sham	Thurs I	N/A		
0	24	FUNERAL DIRE			AOORESS		EC'D BY REGISTRA	FOURS	TRAR'S SIGNA	TURE	
M				74774-	***************************************			101		dal	
1		Albert	L. Leaf	N T T T T S	amsport Md.	ODEC	1 3 1965	1	The same	0	

Selecting a DECA.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Tage 4 may be retained by the hospitan of attending progression.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 17023 CERTIFICATE OF DEATH 20406

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived	, If institution: Residence before admission)
a. COUNTY Washington MARYLANO a. STATE Maryland	COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown 65 years B. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Its, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	A IS RESIDENCE
	e. IS RESIDENCE ON A FARM?
Friendship Manor Nursing Home 739 Maryland Ave	YES NO
3. NAME DF DECEASED (Type or print) LAURA EMMA CROWE Last 0. DEATH Dece	Month Oay Year ember 5 19 65
	years IF UNDER 1 YEAR IF UNDER 24 HRS. hday) Months Oays Hours Min.
The man I - Wind the Museum Common CT More OF 1876 L SO	hday) Months Oays Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign	country) 12. CITIZEN OF WHAT
during most of working life, even if retired) House Keeper Apt. House Barnes Gap, Penn.	COONIETT
13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME	
Henry Browning Louisa Barnes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
(Yes, no. or unkown) (If yes give war or dates of service) 214-09-6497 Mrs. Gerald Shank H.	agerstown. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET AND OEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The module recursores	24 hours
443X OUE TO 1/1 + 01/10	~
Conditions If any which \	- × 4.10
gave rise to immediate	
cause (a), stating the OUE TO	
underlying cause last. (c)	/FN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I o	rt II of Item 18.)
	wn) (County) (State)
Hour a.m. While Not While factory, street, office bldg., etc.)	
	2 = 110
21. I certify that (I) (this hospital) attended the deceased from 8-/3- , 1935, to	2-5, 1965, that (I) (we) last
saw the deceased alive on 12-4 1965, and that death occurred at 27-M, from the ca	
22a. SIGNATURE	22b. OATE SIGNED
M.O. ATTENOING MEO. STAFF	12-6-65
22c. PHYSICIAN'S NAME (Type) R 1 1 P C 22d. AOORESS 137W C	cashington
10 Dest 1. COTITAD Stagenform,	na,
REMOVAL (Specify)	City, town or county) (State)
The state of the s	bb. REGISTRAR'S SIGNATURE
Scoot F. Minnich & Son Hagerstown, Md. Off 1 0 1965	Melianlas Judge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
7024 CERTIFICATE OF DEATH

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission, a. STATE b. COUNTY					
Washington MARYLAND	Maryland Washington					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Hagerstown 46 years	03 Hagerstown					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?					
Washington County Hospital	320 W. Wilson Blvd. YES NO					
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year					
(Type or print) JAMES FRANKLIN CRUMBACK						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.					
Male White WIDOWED DIVORCED [ct. 22, 1918 47 yrs. World 1918					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Salesman Oil Co.	Waynesboro, Pa.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
William C. Crumbacker	Irma James					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address					
(Yes, no, or unknown) (If yes give war or dates of service) 14-09-2896 Mr	s. Agnes G. Crumbacker Hag. Md.					
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY:	unt due to " - Imaged.					
1/1 a similarity of the similar of t						
	Heart Dislase EHITTON 30 Yrs					
gave rise to immediate						
cause (a), stating the DUE TO (2) Congestive	Heart Failure 2 weeks					
	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 119. WAS AUTOPSY					
TICATII	PERFORMED? YES NO					
PART II. OTHER SIGN IFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGN IFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGN IFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGN IFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGN IFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGN IFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGN IFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGN II. OTHER SIGN II. OTHER SIGN III. OTHER SIGN I	RRED. (Enter nature of injury in Part I or Part II of Item 18.)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
White I Not white I	ry, street, office bldg., etc.)					
	1965, to Dec 23, 1965-, that (1) (we) las					
saw the deceased alive on Dec 22 1965, and that	death occurred at 5 M, from the causes and on the date stated above					
Saw the deceased anve on 1907, and that	22b. DATE SIGNED					
	ATTENDING MED. STAFF 12 214 622					
22c. PHYSICIAN'S	1 22d. ADDRESS					
NAME (Type) Edward W. Ditto, III, M.D.	217 W. Washington St. Hagerstown, Maryland					
23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town or county) (State)					
Burial 12-26-65 Rest Haven	Cemetery Hagerstown, Md.					
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SICNATURE					
Scott F. Minnich & Son Hagerstown	Md. DATEC 29 1965 Actionles Judge					

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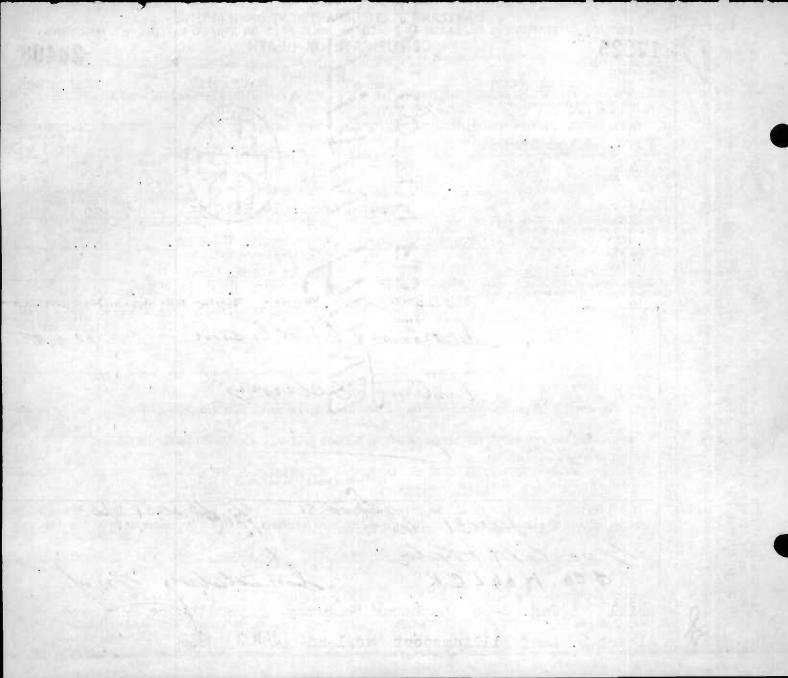
ted Within 24 hours after death.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be exect Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	7025				CERI	IFICAL	E OF D	EAI	Н				9	11/11	18
1.	PLACE OF DEAT	Н					2. USUAL	RESIDEN	ICE (Where d	deceased I	ived, If inst	itution: Res	idence	before a	dmission)
	a. COUNTY	Moch	ingto	122			a. STAT	E Me	aryla:	nd	b. COUN	TY TO	chi	ngt	- On
	b. CITY OR TOV	VN (if outside	te cornorate	Limits	c. LENGTH OF	MARYLAND STAV IN 15	C CITY OP		If outside co		Ilmits wri			· ·	
	write RURAL	L and give n	earest town	1)	25 y		11	_		orporato	minto, wii	to nother	ina Biri	o mouro	J. 101111,
	Smithbu						7 1		hburg						
					ospital, give str	eet address)	d, STREET	ADDRESS	S				0.	ON A	SIDENCE FARM?
	73 W.	Water	Stre	eet			73 W.	Wa.	ter S	tree	et		Y	ES 🗌	NO D
	NAME OF		Fir	st	Middle	9	Last		4. DATE		Month		Day	Ye	ar
	DECEASED (Type or print)		Alvev		Mason	1	Davis		OF DEAT	TH	Dec.		37	19	65
5.	SEX		0		NEVER MAI		8. OATE OF E	BIRTH	19	9. AGE	(In years I	FUNDER 1	YEAR		
Ms	ale	Whi.		WIDOWED	EL.20		April	74	1910	Last 1	birthday)		ays	Hours	Min.
	USUAL OCCUPA				IND OF BUSINES	ORCED	- lo		County & Stat	1.1	yrs.	1 1	OI	E WHA	T
duri	ng most of work	king life, eve	en If retired)	NDUSTRY	oo UK						COU	NTRY	?	•
	Labor			Pan	gborn (Jorp	,		1. Co.	. Md		U.	S.	A	
13.	FATHER'S NAM	ME					14. MOTHE	ER'S MAI	DEN NAME						
	Rus	ssell	Davi	S			Lula	a Gu	essf	ord					
	WAS DECEASED	EVER IN U.S	ARMED FOR	RCES? 16.	SOCIAL SECURIT	YNO. 17.	INFORMANT	72		va te	Addres	S			
(Yes	, no, or unkown)	(If yes give t	war or dates of	service)	3 78 93	259 Mr	s. Bei	r tha			mith	0	N/T-	7	
	210	DEATH FED	tor only one			7/1	D . 1701	LULIA	LANCEVI	rp D	IIII LII	oure	-	TVAL BI	TWEEN
		EATH WAS		11	ine for (a), (b), a	na (c). 1	F.P.	. 1	2	-			ONSE	T AND	DEATH
	(AINT I. D	IMMEDIA	TE CAUSE	(a) 1	arren	ary	40	-	erain	22			10.	m	0
	4201		OUE 1	го											
	Cenditions, If			(b)						3 7					
	gave rise to cause (a).			то /	74	A	000	7							
	underlying cau		1	(c) L	irlera	11-0	500	ur	7						
8	PART II. OTHER	SIGNIFICAN			TING TO DEATH	BUTNOTREL	ATED TO THE T	ERMINAL	DISEASECO	NOITION	GIVENIN	PART 1(a)	19.		UTOPSY
A.					-1	1							YES	PERFO	NO
CERTIFICATION	20a. ACCIDENT	WAS IINDE	RI YING TI	1 20b. (DESCRIBE HOW	INTURY OCCI	IRREO (Enter	nature (of Inlury In	Part I or	Part II of	Item 18.)	1		
ERT	OR CONTRIBUT	TING 🗀 CAU	SE OF DEAT	H				Trecure .				, ,,,,,,,			
	(IF EITHER, NO											- 10.			04-4-1
CA	20c. TIME OF Hour a.	INJURY M	onth, Day, Y		NJURY OCCURRE		ACE OF INJURY ory, street, offi			(City o	r town)	(Coun	ty)	'	(State)
MEDICAL		.៣.	19	While at work	Not While at work										
	21. L certi	Ify that (I)	(this hospi	ital) attend	ed the deceas	ed-fron	20-51		19/15.10	ND.	ac 31	1. 19 /2	S. The	at (I) (we) las
	saw the de		/	PARL	1 19/		t death occu	rred at	1 0 10	THE STATE OF THE S		and on the	,		
	22a. SIGNATU		10 011		1-140	- und thu	L douth coop	1100 00	K	TOTAL CITY	000000	22b. DA			
	L	-	1	11 -	1-1.		ATTENDIN	IG ICA	MED. DIRECTOR	C ST	AFF IYS.				
	22c. AHYSICI	AN'S	4/	1.00	na	M.I		DRESS	DIRECTOR	PR	113.		-	1	
i	NAME O		11/1	610	g c			-01	1	-/20	20	Mar	-		
026	DUDIN COS	MATION LOS	DATE T	WEDEOE	LOZO NAME	OF OFMETER	V OD ODENATO	NDV.	1 227	LOCATIO	of total 12	Win or ocum	2	/0	tate)
23a.	BURIAL, CRE	nonless)	Bb. DATE T				Y OR CREMATO			/	-	Wn or coun			tate)
8	m.rar	U	an. 2	2-66	Luther				Smi	A	and a	Mary			
24.	FUNERAL DIR				ADORES				EC'D BY REG			GISTRAR'S		ATURE	
	AThant	TT	00 5 1	U47740	manant	IV P TOTT	Dand	JAI	C. VI	1966	100	remely	1 ye	10-3k	

VR A15 (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after feath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17026 CERTIFICATE OF DEATH

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
Washington MARYLAND	Maryland Frederick					
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
write RURAL and give nearest town) Hagerstown 20 days	Rural Smithsburg /0 X - 2					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE					
Washington Co. Hospital	Route # 1 ON A FARM?					
3. NAME DE DECEASED OF OSCAR Granings De	Delayter 4. DATE Month Day Year					
(Type of print)	DEATH AFEC AG 19 (1)					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. MATE OF BIRT 15, 1900 AGE (In years IF UNDER TYEAR IF UNDER 24HRS. Months Days Hours Min.					
male white widowed Divorced	松田医文文文 200 yrs.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Metal Worker Jamison Co. Hagers						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Charles E. Delauter	Linnie Mary Hoover					
(Yes, no. or Unkown) (If yes give war or dates of service)	INFORMANT Address Rt. # 1					
no 220-05-6292 Mr	s. Minnie Delauter, Smithsburg, Md.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN OMSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONEM /A	9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
446x DUE TO Abtenuellah	11.0/100 1/1 Dec. 1					
Conditions, If any, which (b) UNTENTIONAL (Conditions, If any, which	10/10/10 4 (C/KUSIO)					
gave rise to immediate cause (a), stating the DUE TO	Carter 1 deak Da No					
underlying cause last. (c)	04/18/01/01/12/12/01/02 01/18/11/11					
PART H-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
1 1/14/12/65 (12(1) 1/4) /Julia	CENT (VICE) YES NO P					
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE, HOW/INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While factor at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)					
Hour a.m. p.m. 19 While Not While at work						
21. I certify that (I) (this hospital) attended the deceased from	7-7, 19 (A), to 1156 26, 19 (A), that (I) (we) last					
	t death occurred at 225M, from the causes and on the date stated above.					
22a. AGNATURE 22b. DATE SIGNED M.D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS. 12-V6-5						
M.E	D. PHYS. X DIRECTOR PHYS. 122d. ADDRESS (4					
122c. PHYSICIAN'S NAME (Type) F. Id. Landi Bahah	2 Non ave Hagger toughter					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23g. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)					
Burial Dec.29,1965 St. Marks	Lutheran, Wolfsville, Fred.Co. Md.					
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
Paul F. Bittle, Myergyill	a Md DEC 29 1965 Petrantes Judge					

VR AI5 (4) 20M 1/65

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4 to distribute and the second s erwield in a clear of the control of Indicator to respect the III worten e de la constante de la la constante de la con Thirt street . . U . . Ol . D. Markelere neglesco 1.00 nosite wente l'asse Toward with simulation of the section of the sectio extension to the calculation of the contract Paster Control of the WELLS OF BUILDING STREET, SERVED TO SERVED TO

FOR STATE HEALTH DEPT.

O DEPUTY MED. EXAMINER. This certificate should be executed within 24 hours after death. If any delay scessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO DEPUTY MED

VR AISME (5) 5M 1/65

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

2

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL FXAMINER'S CERTIFICATE OF BEAUTIMORE 1

	AC 0 0 10 0	MAD	TORE EXAMINER	J OLIVIII IOAT	L OI BEATIN	611411		
1.	PLACE OF DEAT a. COUNTY			- OTATE	h 0011	stitution: Residence before admission)		
		Washington	MARYLANG	/// // // //	yland "	Washington		
	b. CITY OR TOY	VN (If outside corporate lim	nits, c. LENGTH OF STAY IN	1b c. CITY OR TOWN (II	outside corporate limits, w	rite RURAL and give nearest town)		
.,74	WITTE RUKAL	end give nearest town) **Ragerstown**	33 yrs	da Idaa	erstown			
	d. NAME OF HO		not in hospital, give street addre		C-0300W19	e. IS RESIDENCE		
		ington County		250	S. Potomac St.	ON A FARM?		
2	NAME DE	First	Middle	Last	4. DATE Mont			
J.	DECEASED (Type or print)	Angelo	44 . •	Di Folco	DEATH Decemb			
5.	SEX	6. COLOR OR RACE 7. M	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.		
	Male	White WI	IDOWED DIVORCED	May 5, 1881	84 yrs.	Months Days Hours Min.		
108	. USUAL OCCUPA	TION (Give kind of work done			tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
uui		(ing life, even if retired)	Hotel	0	taly	USA		
13.	FATHER'S NAM	ekeeper	1 /10-000	14. MOTHER'S MAIL		1001		
	***************************************	Unknown		ATT MOTHER O MINTE	Unknown			
15	WAS DECEASED	EVER IN U.S. ARMED FORCES		L7. INFORMANT	Addre	1 M + M I		
(Ye	s, no, or unkown)	(If yes give war or dates of service	ice)			Naye conductor Ta		
	No		214-09-2688	Mrs. Dorothy W	eston 250 S.P	otomac St.		
	18. CAUSE OF	DEATH [Enter only one caus	ise per line for (a), (b), and (c).]			INTERVAL BETWEEN		
	PART I. D	EATH WAS CAUSED BY:	Pneumonia			Sev. days		
	9030							
	Conditions If any which)							
	Conditions, If eny, which gave rise to immediate (b)							
	ceuse (a),	DUE TO						
	underlying cau							
NO	PARTII. OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT F	RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?		
AT	Gener	alized arte	riosclerosis &	cervicel d	cord contuct			
FE	20a. EXTERNA	L CAUSE WAS	20b. DESCRIBE HOW INJURY O	CCURRED. (Enter nature o	f injury in Part I or Pert II	of Item 18.)		
CERTIFICATION	PRIMARY A OF DEA	L CAUSE WAS CONTRIBUTING	Pt. fell from	n porch inju	uring head a	nd neck.		
N N	20c. TIME OF	INJURY Month, Day, Year	20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, fa	arm, 20f. (City or town)	(County) (State)		
MEDICAL	Hour e.	33/0 67	While Not While at work	actory, street, office bldg., 6 Home	Hagerstow	n Wash. Md.		
2			the remains described above,			giry . and in my opinion		
10				Suicide . Homici		,,		
	death resur	ted from: Natural caus	ses , Accident KX			12/17/65		
	ACTUAL	6 X11 /1	111 1 1- 11	CHIEF MEDICA		22. DATE SIGNED		
	SIGNATURE		- WEDD W		DICAL EXAMINER			
	EXAMINER'S NAME (Type)	Howard N. V	Weeks, M.D.	DEPUTY MEDIC	t, city, town, or county)	Northern Ave. agerstown, Md.		
232	. BURIAL, CRE	MATION, 23b. DATE THERE	EOF 23c. NAME OF CEME!		23d. LOCATION (City, t			
	REMOVAL (SI		65 Reat He	wen Cemetery	Hagerstown	Md.		
24	. FUNERAL DIR		ALCO -ADDRESS	25a. RE	C'D BY REGISTRAR 25b. F	EGISTRAR'S SIGNATURE		
10		www.	al Harrista	DEC	2 0 1965 1	iarle judge		
	est nave	n Funeral Chap	vel Hagerstown,	I'Ia DATE	20 1000 /	0 0		

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	north season)	35, 424	10000	

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TO HOSPITAL. A ATENDING PHYSICIAN: The law requires that the death certificate be executed. Thin 24 hours arrer death. Page 4 K.sy be retained by the hospital or attending physician.

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VR A15 (4) 15M 7-62 9

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH DIVISION 17028 20411

		PLACE OF DEATH	Same and the same			CE (Where deceased lived, If i		lence before admission)		
		. COUNTY	hington	MARYLAND	a. STATE	b. COUN	m ederic	1-		
	-	b. CITY OR TOWN (if	outside corporate limits, give nearest town)	c. LENGTH OF STAY IN 1b	Maryla	f outside corporate limits, write				
			erstown	14 days	Rural	Mversville	11	x. 1		
	. 9	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)			d. STREET ADDRESS	MACIBATITO		IS RESIDENCE ON A FARM?		
			hington Co.		Route	# 2		YES X NO		
		NAME OF DECEASED (Typa or print)	NORMAN	Middle WTHER	DRAPER	4. DATE Month OF DEATH DECEM	ber 24	Yeer		
	5.	SEX			. DATE OF BIRTH	9. AGE (In years)				
		male		DOWED DIVORCED	March 4, 1	.889 76 yrs.	Months Dey	s Hours Min.		
-	10a	. USUAL OCCUPATI		106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN	OF WHAT COUNTRY?		
9		Ret.	rarmer	Own Gen. Farm		k Co. Md.	U.S	.A.		
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
2			rset Drape		Amanda H					
	15. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? yes giva wer or dates of service	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address				
9		no		215-36-7229 Th	nomas F.Dra	per, Myersv	ille,	Md.Rt.2		
		18. CAUSE OF D	EATH [Enter only one caus	se per line for (e), (b), and (c).			INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cardiac failure							2 days		
		260 X DUE TO								
		Conditions, if eny, which \ (b) Arteriosclerotic cardiovascular disease								
	gave rise to immadiate cause									
		(e), stating tha ur	iderlying	Diabetes mellitus				5 years		
	z			IS CONTRIBUTING TO DEATH BUT NO		NAL DISEASE CONDITION GIV	EN IN PART 1(e	T 1(e) 19. WAS AUTOPSY		
	ATIO	The state of the s						PERFORMED?		
0	CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING 1 201	b. DESCRIBE HOW INJURY OCCURED). (Enter neture of injury in	Pert I or Pert II of item 1B.)				
	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
ì	MEDICAL	20c. TIME OF INJU	RY Month, Dey, Yeer		ACE OF INJURY (Home, farm tory, street, office bldg., etc	n, 20f. (City or town)	(County)	(Stete)		
F	WED	Hour a.m.	19	While Not While tac						
		21. I certify ti	nat (I) (this hospital)	attended the deceased from.	8-7	1958, to 12-2	4, 19.6.5	, that (I) (we) last		
				12-23 165 , and that						
		22% SIGNATURE	1771		ATTEMBING	MED STAFF		22b. DATE SIGNED		
		(mare	15. Her	7- N		DIRECTOR PHYS.		3731425		
	3	22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS		3 1			
	- 0	NAME (Type)	Charles F.	Hess, M.D.	Sm	ithsburg, Mary	land			
	234	BURIAL CREMATI	9N 23b. DATE THEREOF		OR CREMATORY	23d. LOCATION (City, tov	wn or county)	(Stete)		
	- 3	Burial	Dec.26,196	55 Mt.Bethel N		. Smithsburg				
	24	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		D'D BY REGISTRAR 256. REC		NATURE		
1		In	Paul F	Bittle, Myersvi	lle Marie	28 1965	ranles (udge		
)	-				114	0	0			

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FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b COUNTY a. STATE Jashington

b. CITY OR TOWN (If outside corporate limits, write RURAL, and give nearest town)
Hagerstown, Maryland Washington
c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) MARYLAND Department after death. the funeral c. LENGTH OF STAY IN 1b Hagerstown Unknown d. STREET ADORESS Hager Hotel d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) any delay 2, and 3 to t PM3. Page State hours Washington County Hospital S. Potomac Street NAME OF DATE Month First Middle DECEASED December 19. Robert Dunn DEATH (Type or print) 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. ou wrunn 24 nours after death. If in pencil in Item 18. Give Pages 1, xaminer's Office along with form NEVER MARRIED Unknown White Male WIDOWED . OIVORCED [10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR UNDUSTRY 11. BIRTHPLACE (State or foreign country) Unknown 13. FATHER'S NAME Unknown 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. 1 permit. F TY MED. EXAMINER: This certificate should be executed within execute the certificate, writing the word "pending" in pencil in ?. Page 4 should be forwarded to the Chief Medical Examiner's d for your files. 232-26-6839 Hagerstown City Police Report Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit cremation, or DUE TO Conditions, If eny, which (b) geve rise to immediate DUE TO cause (e), steting the 40 used as a to burial, underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) CERTIFICATION 208. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 3 should be agent, prior 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) under sedation- Set Fire to chair while MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) While at work at work HAgerstown GTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection Inquiry v . FUNERAL DIRECTOR: f Health or its design Undetermined manner Homicide death resulted from: Natural causes Accident v. Suicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER please ex director. retained f **EXAMINER'S** Edward W. Ditto III.M. Address (Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 0 0 Rose Hill Hagerstown. Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR

West Wilson Blvd

VR ALSME (5)

Scott F. Minnick

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

e. IS RESIDENCE ON A FARM?

Year

YES

12. CITIZEN OF WHAT

NO F

U.S.A.

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY

Washington Md.

and in my opinion

22. DATE SIGNED

(State)

Soxolkuno

Maryland

lier yeller

1965

(County)

PERFORMED? YES Z

NO T

(State)

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET

AND RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, MARYLAND
ERTIFICATE	OF	DEATH			2014

	17030 CERTIFICATE OF DEATH	20413
	1. PLACE OF DEATH a. COUNTY WASHINGTON MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If inst a. STATE b. COUNTY WASHINGTON	ASHING TON
	b. CITY OR TOWN (if outside corporate limits, writer RURAL and give nearest town) MH/GANSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	Ite RURAL and give nearest town) LLE MO
3	MAGGANSVILLE MENNOWITE HOME MAUGANSVILLE, 3. NAME OF First Middle Last 14. DATE Month	Md, YES NO NO
	(Type or print) MARY E ESHLEMAN DEATH DEC	15 1965
		Months Days Hours Min.
	10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) HOUSE WALL HOUSE WALL TO BE USINESS OR INDUSTRY HOUSE WALL HOUSE WALL TO BE USINESS OR INDUSTRY HOUSE WALL HOUSE WALL TO BE USINESS OR INDUSTRY HOUSE WALL HOUSE WALL TO BE USINESS OR INDUSTRY HOUSE WAL	12. CITIZEN OF WHAT COUNTRY
	DAVID H. ESHLEMAN MAME REIF	F
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 265-40-7908 Myn Hege Markin Hegens	tim RDF4
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Affirm Tenanto Central Mediate (a) Affirm Tenan	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If any, which (b)	
	gave rise to immediate cause (a), stating the underlying cause last.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II or OR CONTRIBUTING 200. CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CONTRIBUT	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO MA
0		f Item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work	(County) (State)
	21. I certify that (I) (this hospital) attended the deceased from 11-10-6, 19, to 2-13 saw the deceased affive on 2-10-19, and that death occurred at M, from the causes	, 1963, that (I) (we) last and on the date stated above.
	22a. SICNATURE SOLUTION M.D. ATTENDING MED. DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) TIE WITH TOG LEADINGS IN THE WITH TOG LANDINGS IN THE WITH TOG LANDINGS IN THE WITH THE PROPERTY OF THE WITH	1
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, to REMOVAL) Specify) Lie j 76 2 WASHING TO	or co ma
X	24. EUNERAL DIRECTOR ADDRESS ADDRESS DEC 1 7 1965 COLUMN 1965 ADDRESS DEC 1 7 1965	EGISTRAR'S SIGNATURE

VR A15 (4) 15M 4-64

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate the executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificote be executed within 24 hours after death. Page 4	be retained the haspital or attending physician.	NERAL DIRECTOR After this certificate has been signed by the ottending physician and completely filled in the funeral director.	3 should be detached for use as the buriol transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

17031	CERTII	FICATE OF DEA	ATH		Reg. Dist. 1	vo. 20	414
1. PLACE OF DEATH o. COUNTY Washington	MARYE	2. USUAL RESIDENCE o. STATE West	E (Where deceased Virginia	d lived. If institution b. COUNTY		efore admir	
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Hagerstown	write c. LENGTH OF STAY I		(If outside corpo	prote limits, write R	URAL ond give	nearest tow	m)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Martin Manor Rest 1		d. STREET ADDRE	ss Edgemont	Terrace		ON	SIDENCE A FARM?
3. NAME OF First DECEASED (Type or print) Beuenna	Middle Sophia	Lost Fleming	4. DATE OF DEATH	Mon Decembe		Day 26	Yeor 19 65
5. SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIE	T. 1 4 10	03	9. AGE (In years lost birthdoy) 62 yrs.	Months Day		
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Nurse	ne 10b. KIND OF BUSINESS OF	Berkeley			12. CITIZEN		T COUNTR
13. FATHER'S NAME William Canter Shado	e	Vertie V					5
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) (If yes, give wor or dates of servi		17. INFORMANT Robert B. F	1eming	Addr Tak oma	a Park.	Mary 1	land
PART I. DEATH Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last. [b] DUE TO Lying cause last.	Generalized	e Meterta	e wi	¥h	l'o	NTERVAL BI	DEATH
PART III. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE	TERMINAL DISEASI	E CONDITION GIV	'EN IN PART 1(o	PERFO	AUTOPSY ORMED?
OR CONTRIBUTING CAUSE OF DEATH	06. DESCRIBE HOW INJURY OC	CURRED. (Enter noture of inju	y in Port I or Port	tl of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19	20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, foctory, street, office bldg		or town)	(Coun	ly)	(Stote)
21. I certify that I attended the dalive an 1) RC 26. ACTUAL SIGNATURE Church W.			M, fram	n the causes a treet, city or town,	and an the a	date stat	
PHYSICIAN'S FOW 2 d (220. BURIAL, CREMATION, 22b. DATE THEREOF	22c, NAME OF CEME	TERY OR CREMATORY	Glas For	TION (City, town, o	7V	(Stol	de)
REMOVAL (Specify) Burial 12-29-196				nsburg, B		•	,

Martinsburg, W. Va.,

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

1000	CERTIFICATE	UF	DEALL
7032	CERTIFICATE	OF	DEATH
DIATOTAL OL STATISTICAL	RESEARCH AND RECURDS,	201 44.	PKESIUN

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission
a. COUNTY WAShington MARYLAND	a. STATE tenna, b. COUNTY Franklin-
b. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town
Rural - Hagerstown & 2/24RS	Greencaste, Po. 75 x 3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
Avalon MANOR, INC.	10/ E. Baltimore St. VES NO IX
3. NAME OF FIRST MIDDLE	Last 4. DATE Month Day Year
(Type or print) THOMAS HENRY G	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HR
Male widowed Divorced Divorced	8. DATE OF BIRTH 2/8/1884 9. AGE (In years IFUNDER 1 YEAR FUNDER 24 HR Months Days Hours Min Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Medical Coctor general practic	ed Greencastle, 1a. 1 a.s.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BR. John Centrad Gilland	Martha any very
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address heeges
Yes W.W. I 204-30-6685	- OMD, way Delland - 59.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioscler	
4208 DUE TO	
Conditions, If any, which) (b) Arterioscler	osu generalized
gave rise to immediate cause (a), stating the DUE TO	0
underlying cause last. (c)	Les Mas AUTOPA
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	PERFORMED?
Pyelitis - Acute	YES ND D
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELL P + 2 1 + 1	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/ factor 20d. Injury Occurred factor 20d. Injury Occurred factor 20d. Injury Occurred 20d. Injury Occurred factor 20d. Injury Occurred 20d. Injury Occurre	ory, street, office bldg., etc.)
21. I certify that (I) (this heapitel) attended the deceased from	8/19 , 1963, to /2/8 , 1963, that (1) (we) la
saw the deceased alive on 12 - 8 1965, and tha	t death occurred at 106 M, from the causes and on the date stated abov
22a. SIGNATURE	ATTENDING — MED. — STAFF — 22b. DATE SIGNED
Card a itolly M.	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (OPP) Hoyd A- Hof-Fmer	22d. ADDRESS 21/1 N. Pot st. Hegerstown m.
	Y OR GREMATURY 23d. LOCATION (City, town or county) (State)
Demoval (specify) 12/11/65 Cedar Hil	I Cemetery Greencustle, ra.
24. FUNERAL DIRECTOR ADDRESS	25a. REO D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
We Numich- Direence	astletten III 1 3 1965 survey Junge

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending phytican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please throwe carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the any event, within 72 hours after depth. VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEDTIEICATE OF DEATH

14033	CERTIFICATE	OF DEATH		- 6	いるエロ
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased lived, I	If institution: Residen	ce before admission
•. COUNTY	MARYLAND	e. STATE	b, cou		
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	Maryland	If outside corporate limits, wr	ite RURAL and give	nearest town)
write RURAL end give nearest town)				100	nearest town,
Hagerstown Maryland	55yrs		own Marylar	1d	
d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS			IS RESIDENCE ON A FARM?
37 W. Bethel Street		37 W.	Bethel Stre	eet	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Mor	nth Day	Year
(Type or print) Rosie	Harmon	Goens	DEATH Dec	16	1965
5. SEX 6. COLOR OR RACE 7. MAR		. DATE OF BIRTH		rs IF UNDER 1 YEAR	IF UNDER 24 HRS.
Fomolo Molamad	WED DIVORCED	Sept 1 189	last birthday) Months Days	Hours Min.
TO TO TO THE WINDO	KIND OF BUSINESS OR INDUSTR		ity & State, or foreign country	112 CITIZENI C	F WHAT COUNTRY
dang during most of warking life, even if retired)				"	T WHAT COUNTRI
	wn home	Winches		USA.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Harry B. Harmon		Minnie	Wells		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewarordatesofservice)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	55	
no 2	19-01-8601 8	pencer Goe	ns 37 W. Be	thel St	ndot
1B. CAUSE OF DEATH (Enter only one cause po		poneci doc	110 01 11, 10		reet TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Comments of	0			NSET AND DEATH
IMMEDIATE CAUSE (a)	Colory occ	X A	0.00		unives.
4201 DUE TO	Corno delo he	- NEON DES	4000		7
Conditions, if any, which (b)	Hypy terroun	- н		7	KOYI.
gave rise to immediate cause (a), stating the underlying DUE TO	1				
cause last.	A Phus Con	20 Dans	-		years.
	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI					YES NO
20- ACCIDENT WAS UNDERLYING EL 201	DESCRIPT HOW BUILDY OCCUPAN	TD (For the state of the transite	Dead Las Dead II of James 10 V		YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRI	D. (Enter nature of injury if	n ran or ran or em b.		
		CE OF INJURY (Home, farm lory, street, office bldg., etc.		(County)	(State)
Hour a.m. W	work at work	or, silver, office bragil, are	1		
21. certify that (1) (this hospital) att	ended the deceased from.		1937, to Dec	1001	that (I) (we) las
	19.6.1, and that		19		
saw the deceased alive of	17, and that	dealn occurred at L. /	GIVI, ITOITI THE CAUSES	and on the da	22b./DATE
Which All Colores			MED. STAFF		SIGNED
The state of the s	~ M	.D. Beck	DIRECTOR PHYS.	1	17/1/4
1/2c. PHYSICIAN'S / NAME (Type)		22d. ADDRESS			
Philip J. Hirs	shman, M.D.	159 W. Was	sh. St., Hage	rstown, Md.	0
3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, 1	own or county)	(State)
Burial 12-20-196	5 Rose Hill C	emeterv	Hagerstow	n Md.	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		'D BY REGISTRAR 25b. R	EGISTRAR'S SIGNA	TURE
of Rult a XI	agentain and	DEC	0.6	Thanks Ja	udge
John I Willer 17 1/4	MAN THE WAR	, DATE U	41 10001 /	1	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Real a. STATE MARYLAND b. COUNTY WAS	esidence before admission SHINGTON
b. CITY OR TOWN (if outside corporate limits, HAGERSTOWN nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL BAGERSTOWN	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) WASHINGTON COUNTY HOSPITAL	d. STREET ADDRESS 6 SUTER AVE.	e. IS RESIDENCE ON A FARM? YES NO
(1) po of printy	ESSFORD SR • DATE DECEMBER	15 1965
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 14/7/1 901 9. ACE (In years IFUNDER: last (Irthday) Months yrs.	Days Hours Min.
during most of working life, even is retired TST RATE ROAD	11. BIRTHPLACE (County & State, or foreign country) 12. Cl CO	TIZEN OF WHAT
SAMUEL L. GUESSFORD	14. MOTHER'S MAIDEN NAME MINERVA SHAFFER	ORD OHOUNI
(YPS, 80 or unknwn) (If yes nive war or dates of service)	MRS. KATHERINE GUESSFORD	MD.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	5	INTERVAL BETWEEN ONSET AND DEATH
Conditions, If any, which gave rise to Immediate DUE TO CARCINO MA	of Lung	6 mo?
cause (a), stating the underlying cause last.		
	lio VAS CULAR DISEOSE	19. WAS AUTOPSY PERFORMED?
	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor 20d. 20d.	ACE OF INJURY (Home, farm, 20f. (City or town) (Cour ory, street, office bidg., etc.)	nty) (State)
21. I certify that (I) (this hospital) attended the deceased from 2 saw the deceased alive on 2 2 2 1965, and that	nt death occurred at 60 f.M., from the causes and on the	that (I) (we) last the date stated above
22a. SIGNATURE LO LO LO LO LO LA COLLA M.I.	D. ATTENDING MED. STAFF DIRECTOR PHYS. DE	TE SIGNED
22c. PHYSICIAN'S Richard V. HAUVER	HAGERSTOWN, MC	e
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL RESERVED 12/17/65 Rose Hill	1 Cem. Hagerstown	MD.
W. J. Horne & Lager for	25a. REC'D BY RECISTRAR 25b. RECISTRAR'S	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1.	1703	5		CERTIFIC	CATE	OF DEAT	Н	,	20	118
1.	PLACE OF DEAT a. CDUNTY Wash	ington	_br	MARYL	AND	2. USUAL RESIDER		sed lived, If institution b. COUNTY	n: Residence	
	Hager	VN (if outside corpora and give nearest to Stown		c. LENGTH OF STAY I	16	c. city or town (If outside corpo stown	rate Ilmits, write RUI	RAL and give	a nearest town)
		spital or institution		ospital, give street add	dress)	d. STREET ADDRESS	S	Way		IS RESIDENCE ON A FARM? ES ND
3.	(Type or print)	PAUL	irst WO	Middle ODROW	HAI	Last RBAUGH	4. DATE DF DEATH	Dec.	0ay 15	Year 1965
n	ale	6. CDLOR DR RACE white	WIOOWEO	OIVORCEO		April 18,	1913 5		DER 1 YEAR I	Hours Min.
		TION (Give kind of work ling life, even If retire	1 46	(IND OF BUSINESS DR NDUSTRY I Daugh Terrorize	Co.		cield W		COUNTRY	F WHAT
	Raymon	d T. Harb	าลมอาก				Brown			
(Y	no, or unkown)	EVER IN U.S. ARMED FE (If yes give war or dates o	of service)	SDCIAL SECURITY NO.	R:	ichard Ba	blyon	Address 804 Wood	iland	Way
		DEATH [Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE	. 0	line for (a), (b), and (c).]				DNSE	VAL BETWEEN T AND DEATH
	Conditions, If any, which gave rise to immediate (b) Purmonemy Concession					7	7			
NO	cause (a), st underlying caus	tating the DUE se last.	(c) C11	angle Conci			FALLER			~647H3.
CERTIFICATION	An	WAS UNDERLYING	ne C	UTING TO DEATH BUT NO	مرب	- DISEA	52.		YES	WAS AUTDPSY PERFORMED?
	OR CONTRIBUTI	ING CAUSE OF DEATIFY MEDICAL EXAMI	NER)	DESCRIBE HOW INJURY						
MEDICAL	Hour a.n p.r	n. 19	While at wor	k Not While at work	factory	E DF INJURY (Home, f , street, office bldg.,	etc.)		County)	(State)
		ceased alive on	ital) attend	ed the deceased from	m_14 d that	death occurred at	19 43, to 13		n the date	stated above.
	22c. PHYSICIA	20-62			M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. 17	Dec Dec	
238	NAME (T)	IATION, 23b. DATE		23c. NAME DF CEM	FTFRV (218 N. Post		TIDN (City, town or	/	(State)
	Burial FUNERAL DIRE	13/1	7/65	Rest Hav	ren	Cemetery	Hage	erstown,	Md.	
			Home :	Inc. 40 E.	Ant	ie ta pare	C 2 2 19	AR 256. REGISTR	rlip fr	robyte.

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

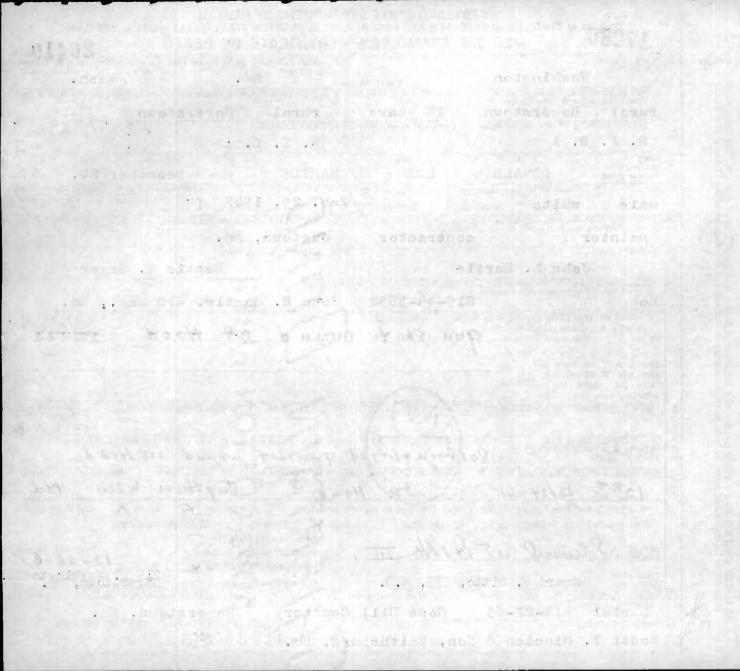
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1	1. PLACE OF DEATH a. COUNTY Washin	gton	MARYLAND	2. USUAL RESIDE a. STATE	Md •	ased lived, If institu b. COUNTY	tion: Residence	
	b. CITY OR TOWN (If outside corwrite RURAL and give nearest rural Hager	town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN		erstown	RURAL and glv	ve nearest town)
1	d. NAME OF HOSPITAL OR INSTIT			d. STREET ADDRES		CI S CO WII	10	B. IS RESIDENCE
X	R. F. D. 1			1 -	D. 1			ON A FARM?
	3. NAME OF DECEASED (Type or print) DO:	First NALD	Middle LEE	HARTLE	4. DATE OF DEATH	Month Decemb	Day Der 24	
	5. SEX 6. COLOR OR RA	CE 7. MARRIED	I MEACH MARKIED [7]	8. DATE OF BIRTH		AGE (In years IF L	JNDER 1 YEAR	
	male white	WIDOWED	DIVOROLD	Feb. 29,	T)41	last birthday) Mo		Hours Min.
1	during most of working life, even if re painter	etired) IN	IND OF BUSINESS OR IDUSTRY	Jugtowr		1 country)	12. CITIZEN COUNTRY	17
	13. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME	1		
		. Hartle			Be	ssie R.	Sager	
	15. WAS DECEASED EVER IN U.S. ARME (Yes, no, or unknown) (If yes give war or d	ates of service)		INFORMANT		Address		
	no	21	.9-44-3632	John H.	Hartle	, RFD Ha	ig., M	d.
	18. CAUSE DF DEATH [Enter on		ne for (a), (b), and (c).]					RVAL BETWEEN
	PART I. DEATH WAS CAUSE IMMEDIATE CA	USE (e) QL	in Shot	wound	05	Head		ET AND DEATH
	976 X DUE TO							
	Conditions, If any, which \ (b)							
1	gave rise to immediate cause (a), atating the	DUE TO	7//					
	underlying cause lest.	(c)						
	PART II. OTHER SIGNIFICANT CONI 20a. EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING C CAUSE OF DEATH. 20c. TIME OF INJURY Month, I House am. 12/24	1 (0)						
	20a. EXTERNAL CAUSE WAS PRIMARY 22 or CONTRIBUTING CAUSE OF DEATH.	20b. D 5'0/	Fig flicted				em 18.) He2 d	
	20c. TIME OF INJURY Month, I	Day, Yeer 20d. IN	JURY OCCURRED 20e. PLA	CE OF INJURY (Home,	farm, 2Df. (C	Ity or town)	(County)	(State)
	House ann. 12/24	19 Gy While at work	- NOT WRITE - 1	ry, street, office bldg. Duce	Jug		Vash	ML
	21. I certify that I took ch	arge of the rema	ains described above, he	ld an Autopsy 🔲,	Inspection	Inquiry	X, and	In my opinion
	death resulted from: Nat	ural causes .	, Accident, Sui	icide 🔀, Homi	icide 🔲, U	Indetermined ma	nner 🗌	
	Ca	CO CHIEF MEDICAL EXAMINER						
	SIGNATURE Colevand	LWD	47040 III,	M.D. ASSISTANT A	MEDICAL EXAMIN	ER		26-85
	EXAMINER'S			DEPUTY MED	ICAL EXAMINER	277		hingtonS
	NAME (Type) Edward	W. Ditto,			eet, city, town, c		ST'S LOWIT	I'ICI.
1	REMOVAL (Specify)	TE THEREOF	23c. NAME OF CEMETERY			ATION (City, town		(State)
1		27-65		Cemetery		erstown,		ATHOR
2	24. FUNERAL DIRECTOR	1 oh 0 C	ADDRESS	n		RAR 25b. REGIS	exples &	ATURE
	Scott F. Minn	ich & So	n, Smithsbu	rg, Mdpa	000	365 Jaca	Las Asses	noge

VR ALSME 1/65

TO DEPUTY MED

O DEPUTY MEDIO. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages T and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.



81

157668 TTI GMARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE,	18
17037	CERTIFICA	ATE OF DEATH		Reg. Dist. No. 20420
PLACE OF DEATH O. COUNTY Lio Glad most one	MARYLAND	o. STATE	- h COUNTY	tion: Residence before admission)
Vashington	c. LENGTH OF STAY IN 16	MaryL	and	washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	1 month	03 Hager		RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Washington County Hosp	oddress) Oital	d. STREET ADDRESS 2210 Ontar	io Drive	e. IS RESIDENCE ON A FARM? YES NO N
NAME OF First DECEASED (Type or print) Roger (Type of print)	Middle Christopher	lost Heavner	OF	nth Day Year 25 19 65
SEX 6. COLOR OR RACE 7. MARRI		8. DATE OF BIRTH	DC	
Male White WIDOWE		Feb. 24 194	9. AGE (In years lost birthday) 7 2 yrs	Months Days Hours Min.
Da. USUAL OCCUPATION (Give kind of work done 10b. I	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	dwood Floor	s Cumberla	nd Md.	U.S.A
B. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Carl Heavner		Alm	a Redinger	
(If yes, give wor or dates of service)	.9 46 3321 M	nformant r. Carl Hea	27.0 0.73	Mitario Drive stown Maryland
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (o), (b), and (c).]	Heldel Vol Hobbit	11.49/1401.46/1	INTERVAL BETWEEN ONSET AND DEATH
1952 DUE TOX Ma	lignant/thymo	oma - general	ized carcino	omatosis 6-8 Mo.
Conditions, if ony, which) (b)	FRATAL HOLD BL.			Int also described in
gove rise to immediate case (o), stoting the under-				
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES ☑ NO □
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort I or Part II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. While of work	_ Not while fac	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I ottended the decease	ed from. No U 2	4 1965 to De	20 25 106	,that I lost saw the deceased
olive on Doc 25 196	and that death	occurred at & LE	M from the course	and on the dote stated above.
		A	DDRESS (Street, city or town,	, stole) DATE SIGNED
SIGNATURE School W	WINDAIL	M.D. 212 W.U	valking for	st 12/26/65
PHYSICIAN'S Edward W. Dit	to III Mo	Hag	erstown, Ma	ryland
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	or county) (Stote)
REMOVAL (Specify)	20001117 00	motomi	TTo or on the same	B/72

ADDRESS

Leaf Willia sport Laryland

246. REGISTRAR'S SIGNATURE

DATE 2 9 1965

VS A1S (4) 1SM 9/SS

23. FUNERAL DIRECTOR'S SIGNATURE

Albert L.

	ATE OF DEA			
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Rahag				
			w are the cu	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 17

		MARYLAND S	TATE DEP	ARTME	NT OF I	HEALTH		
VISION OF	STATISTICAL	RESEARCH AND	RECORDS,	301 W. I	PRESTON	STREET,	BALTIMORE 1	, MARYLAND
1938		RESEARCH AND	CIFICATE	OF I	FATH			011110

1. PLACE DF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
WASHINGTON MARYLAND	MARYLAND WASHINGTON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
HAGERSTOWN 1 YR.	03 HAGERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
7402 MARYLAND AVE.	740½ MARYLAND AVENUE YES NOT
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) AGNES CORDELTA 5. SEX 6. COLOR OR RACE 7. MARRIED MENTO MARRIED 1.	HELEINE DEATH DECEMBER 19 19 65
7. MARKIED [NEVER MARKIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	JAN. 16, 1893 72 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
RETIRED SALESLADY HAT STORE	WASHINGTON CO., MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ELLSWORTH OSBORNE	NAOMI POMPELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT HAGARISTOWN, MARYLAND
(Yes, no, or unkown) (If yes give war or dates of service) NO 217-28-7224 0	SBORNE C. HELEINE 751 SUMMIT AVE.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN
DADY I DESTINATE DAMPED BY	ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary occlus	1on 8-12 hr - uncer-
4201 DUE TO	
Conditions, If any, which (b) Coronary artery	disease, arteriosclerotic 10 yr.
gave rise to immediate cause (a), stating the DUE TO with hypertensi	ve cardiovascular disease
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAI	YES NO IN
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)
	Aug. 1964 to Dec. 19, 1965, that (I) (we) last
21. I certify that (I) (this hospital) attended the deceased from Pec of 14 19 5 and that	
our the decease silve on	death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE (R) July 9, M.D	ATTENDING MED. STAFF
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) B.B. KNEISLEY M.D.	148 W. WASHINGTON ST. HAGERSTOWN, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL DEC. 22.1965 ROSE HILL CE	CMETERY HAGERSTOWN MARYLAND
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Con Rouge HAGERSTOWN, MARY	TLAND DEC 27 1965 Clarkes Judge
THAT DIVING THAT	TIME I VIII

VR AI5 (4) 20M 1/65

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AND AND RESIDENCE OF THE PROPERTY OF THE PROPE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY director. Page b. COUNTY Washington Maryland for your files. MARYLAND Department b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Sandy Hook Sandy Hook d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS State Highway -- U.S. 340 U.S. 340 refained after 3. NAME OF 4. DATE Middle Month death. If any to the DECEASED SCOTT HOLDER HIMES (Type or print) DEATH Dec. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | B. DATE OF BIRTH 3 53 birthday) pue Months | Days 25, Male WIDOWED Oct. DIVORCED ould be executed within 24 hours after "in pencil in Item 18. Give Pages 1, 2, an Office along with form PM3. Page 5 burial-transit permit. File pages 1 and 2 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) E 3 done during most of working life, even if retired) Sandy Hook, Md. Laborer General 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME any John Quincy Himes Mary Holder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EYER IN U.S. Annue (Yes, no, or unkown) (Ifyesgivewarordatesofservice) 220-09-9373 Mrs. Marguirite Himes Harpers Ferry, West Va 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] remova PART I. DEATH WAS CAUSED BY: Crushing Injury to Skull IMMEDIATE CAUSE (a) should be Ö Complete Decapitation of Body at "pending" in xaminer's Of used as a bu , cremation, d Conditions, if any, which gave rise to immediate cause writing the word "pending to Chief Medical Examiner's Page 3 should be used as ant, prior to burial, cremation DUE TO (a), staling the underlying 1-ractures cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS EXAMINER: PRIMARY CONTRIBUTING Walking on Highway - Struck by Speeding Auto CAUSE OF DEATH. of the Ch. Page 3 MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) agent, Not While While please execut. The certificate, v 4 should be forwarded to the TO FUNERAL DIRECTOR: P. Health or its designated agent 24 1965 at work at work Dandy Hook certificate, 21. I certify that I took charge of the remains described above, held an Autopsy [1]. Inspection [4]. Inquiry X DICAL death resulted from: Natural causes Accident X Suicide Undetermined manner Homicide | CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY St. Hager SHOWHIS IS A CHAMINER IC washing tou Edw17 d W. ON, 22b. DATE THEREOF NAME (Type) OF CEMETERY OR CREMATORY Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22d, LOCATION (City, town, or country) REMOVAL (Specify) Old Brethren Cemetery Brownsville Mary I Burial FUNERAL DIRECTOR Harrers VR A15ME

 IS RESIDENCE ON A FARM

YES NO M

19 05

IF UNDER 24 HRS.

Washington

Day

12. CITIZEN OF WHAT COUNTRY?

25425 INTERVAL BETWEEN

ONSET AND DEATH

Immed

PERFORMED? YES NO X

(State)

and in my opinion

DATE SIGNED

12-24-65

Maryland

USA

24,

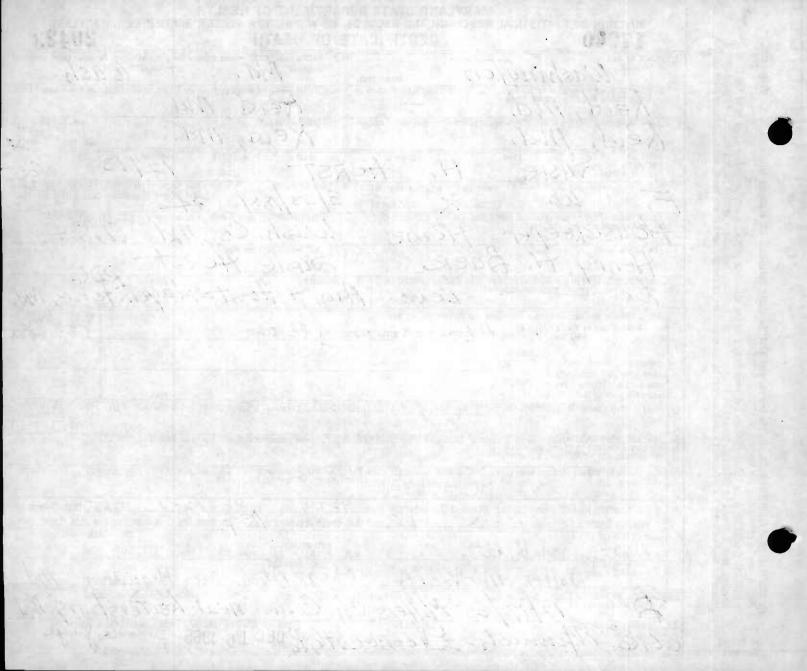
(County)

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		MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICA	L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1. MARYLAND
	17040	CERTIFICATE OF DEATH	2042
_			

M-			
.03	1. PLACE OF DEATH a. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Res a. STATE b. COUNTY	idence before admission)
	b. CITY OR TOWN (if-outside corporate limits, wife BURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	nd give nearest town)
r	A NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS Md.	e. IS RESIDENCE ON A FARM? YES ND \S
	3. NAME DF DECEASED (Type or print) SUSICE H, Middle Ho,	RST 4. DATE Month /2//3	Day Year 1965
	F, WIDOWED DIVORCED	3/23/188/ 84 yrs. Months D	YEAR IF UNDER 24 HRS. Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life aven if retired) 10b. KIND OF BUSINESS OR INDUSTRY		IZEN OF WHAT
	Henry H. Baer	DUSIE HORST)(
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no for Intown) (If wes give war or dates of service)	Ting H, Horst = Hagers to	own, Md.
	PART I. DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Advise car eni buta	on Recturn	ONSET AND DEATH
	Conditions, If any, which \ (b)	4	
	gave rise to immediate cause (a), stating the underlying cause last.		
A	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
2		RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor p.m. 19 While at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)	ty) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 12-13 1965, and that	7-2- , 19 48, to /2-/3 , 1965 death occurred at .3 M, from the causes and on the	that (I) (we) last
	22a. SIGNATURE A LLTAN W- Welter. M.D.	ATTENDING MED. STAFF 22b. DAT	TE SIGNED
	22c. PHYSICIAN'S NAME (Type) Dalton M. Welty M.D.	22d. ADDRESS 998 Potomic ave. Hagerston	n md.
	23a, BANAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY 12/17/65	of CREMPTORY 23d. LOCATION City toyin or county, Near Leves	urg, md.
	24. FUNERAL BIRECTOR Jennich - Preence	of ROFE 1 6 1965 ACCOUNTS	SIGNATURE



7021

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please retrove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		A TAK
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY	
Washington MARYLAND	a. STATE Maryland b. COUNTY Wa	shington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest town)
Hagerstown 46 years	// 3 Hagerstown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	1	ON A FARM?
319 N. Cannon Ave.	319 N. Cannon Ave.	YES NO
3. NAME OF First Middle DECEASED (Type or print) CLARENCE SAMUEL HOTT	Last 4. DATE Month DF DEATHDecember 2	Day Year 4 19 6 5
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IF UNDER 1	
Male White WIDOWED OIVORCED TI	11y 22, 1916 49 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	TIZEN OF WHAT
Machinist Aircraft	Funkstown, Md.	UNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	
A. C. Hottle	Zelda Robinson	
	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)		
	rs. Mildred L. Hottle Ha	g. Md.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Chrowboses	ONSET, AND OEATH
112	n'	,
Conditions, if any, which \ OVER TO	les des	war
gave rise to immediate	The state of the s	-1
cause (a), stating the DUE TO	to of Jelin	000
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
[5]		YES NO TH
20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH	JRRED. (Enter nature of Injury In Part I or Part II of item 18.)	7
G (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto at work at work at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Coun	ty) (State)
Hour a.m. p.m. 19 While Not While at work	ry, street, office bidg., etc.)	2
	2/18 65 M24 6	
21. I certify that (I) (this hospital) attended the decrased from	19 10 19	_, that (i) (we) last
saw the deceased alive on 19 and that	t death occurred at AM, from the causes and on the	
22a. SIGNATURE	ATTENOING A MED. STAFF	TE SIGNED
M.O	O. PHYS. OIRECTOR PHYS.	1/60
22c. PHYSICIAN'S NAME (Type)	22d. ADD/KESS	/
D. J. Boyer, M.D.	136 N. Potomac Street, Hag	gerstown, Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or coun	ity) (State)
Burial 12-28-65 Rest Haven	Cemetery Hagerstown,	Md .
24. FUNERAL DIRECTOR AOORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	
	DEC 20 400= Milando	
Scott F. Minnich & Son Hagerstown,	, Md. DATE 0 0 1303	0

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending investign and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIST	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
17042	CERTIFICATE OF DEATH	20425
PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	idence before admiss

		007.00		
1. PLACE OF DEATH a. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Real a. STATE Maryland b. COUNTY Wa	sidence before admission) shington		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)				
Hagerstown 40 years	03 Hagerstown			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	8. IS RESIDENCE ON A FARM?		
Washington County Hospital	57 S. Potomac St.	YES NO		
3. NAME DF DECEASED (Type or print) RALPH SPESSARD H	OUSER 4. DATE Month OF DEATH December	0ay Year 16 19 65		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8	B. DATE OF BIRTH 9. AGE (in years if UNOER 1 [ast birthday) Months 0	YEAR IF UNDER 24 HRS. Days Hours Min.		
Male White WIOOWEDE OIVORCEO S	ept. 29,1893 72 yrs. Mondais	Days Hours Inni.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Desk Clerk 10b. KIND DF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (County & State, or foreign country) 12. CIT COU	TIZEN OF WHAT UNTRY?		
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME			
George Houser	Ella Spessard	And I		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address			
	Robert Houser Hagerstow	m, Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN		
PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Acute cardiac fail	ure	ONSET AND DEATH		
11 2 00		3 ****		
Conditions, If any, which (b) Arteriosclerotic h	eart disease	years possible		
gave rise to immediate	002 0 020000			
underlying cause last. underlying cause last. Cc Lung tumor, possib.	ly malignant	unknown		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA		119. WAS AUTOPSY		
None		YES NO X		
O. The state of th	IRREO. (Enter nature of injury in Part 1 or Part 11 of Item 18.)			
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLAN	CE OF INJURY (Home, farm, 20f. (City or town) (Coun	ity) (State)		
Hour a.m. p.m. 19 While Not While at work at work	ry, street, office bldg., etc.)			
21. I certify that (I) (this hospital) attended the deceased from No.	v. 8 , 1965 to Dec. 16 , 1965	that (I) (we) last		
	death occurred all: 150, from the causes and on th			
22a. SIGNATURE M.D.	ATTENOING MED. STAFF DIRECTOR PHYS. Dec.	18.,1965		
22c. PHYSICIAN'S NAME (Type) J. Walter Layman, M.D.	22d. AOORESS 100 Professional Arts Hagerstown, Maryland	Bldg.		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)		
Burial 12-20-65 Smithsburg	Cemetery Smithsburg, Mc	i.		
24. FUNERAL DIRECTOR AOORESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE		
Scott F. Minnich & Son Hagerstown	, Md. OADEC 22 1965 Johnsonle	Judge		

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be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	a. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Res a. STATE MARYLAND b. COUNTY WAS]	idence before admission) HINGTON		
	b. CITY OR TOWN (if outside corporate limits, write RUPAL and give general town) HACE STOWN	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MARTIN MANOR NURSING HOME	d. STREET ADDRESS / 304 V WAKEFIELD RD.	e. IS RESIDENCE ON A FARM? YES NO X		
3	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year		
-		HOVERMILL DEATH DECEMBER	23 19 65		
	MALE WHITE WIDOWED DIVORCED	12/26/1879 85 yrs.	ays Hours Min.		
d	Oa. USUAL OCCUPATION (Cive kind of work done under most of working life, even if refixed). RETIRED MACHINIST RAIL ROAD	11. BIRTHPLACE (County & State, or foreign country) 12. CIT COU	IZEN OF WHAT		
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	SHAFER HOVERMILL	JOSEPHINE CREEK			
(Yes, no, no unhown) (If yes give war or dates of service) 196-07-4671 N	INFORMANT AddressHAGE	RSTOWN MD.		
	18. CAUSE OF DEATH [Enter only one cause per line or (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	anofia	ONSET AND DEATH		
	Conditions, If any, which gave rise to Immediate (b)	Exterior clemes	you,		
	cause (a), stating the DUE TO underlying cause last.				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO		
CERTIFICATION		RRED. (Enter nature of Injury In Part I or Part II of Item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Hour a.m. While at work at work	CE OF INJURY (Home, farm, ry, street, office bldg., etc.) 20f. (City or town) (Count	ty) (State)		
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1965, and that	death poourred at 45 M, from the causes and on the	, that (I) (we) last		
	22a. SICNATURE		E SIGNED /		
	D. J. 12000 M.D.	ATTENDING MED. STAFF DIRECTOR PHYS.	24/65		
	PHYSICIAN'S NAME (Type) D. J. Boyer, N.D.	22d. ADDRESS / 136 N. Potomac St, Hagerst	own, Md.		
23	Burial, cremation, 23b. date thereof 23c. name of cemetery Burial 12/27/65 ROSE HILL		ty) (State) MD •		
- 2	4. FUNERAL DIRECTOR ADDRESS	35a. REC'D BY RECISTRAR 25b. REGISTRAR'S			
1	N. J. Mormen Pagestown	THE DEC 30 1965 Schanles	udge		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH

AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
EDTIFICATE OF DEATH		17 11 11 58

_				OLIVIIII	UNIL	OI DEAL				60 U	1 4 4	d.
1.	PLACE DF DEATH	н				2. USUAL RESIDE	NCE (Where			Residence	before ac	mission)
		WASHINGT	ON	MARY	LAND	a. STATE	ARYLAI		YTNUO	JASH	ENGTO	M
	b. CITY DR TOW Write RURAL	N (if outside corporate and give nearest tow	te limits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (
	HAGERST	OWN		6 DAYS		3 HAGERST	OWN					
	d. NAME OF HOS	SPITAL OR INSTITUTION	N (if not In h	ospital, give street a	ddress)	d. STREET ADDRES				0	. IS RES	
	WASHIN	GTON COUNT	Y HOSPI	TAL		804 WASH	INGTO	N AVE.		ly	ES 🗌	ND V
3.	NAME DF DECEASED	FI	rst	Middle		Last	4. DA	TE M	onth	Day	Yea	r
	(Type or print)	HOWARI	0	WILLIAM		HUFFMAN	DE	ATH DECEM	BER	23	19	65
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 8.	DATE OF BIRTH		9. AGE (In ye last birthd	ars IF UNDE ay) Months	R 1 YEAR	Hours	R 24 HRS.
1	MALE	WHITE	WIDOWED	DIVORCE		AUG. 21.	1895	70 уг	s.			
1Da dur	I. USUAL OCCUPAT	TION (Give kind of work Ing life, even if retire	done 10b. K	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County & S	tate, or foreign co	intry) 12.	CITIZEN	OF WHAT	
F	RETIRED P	IPE FITTER		IIROAD	246	PAGE CO	VIR	GINIA		U.S.	.A.	
13.	. FATHER'S NAM	E	41214			14. MOTHER'S MA	IDEN NAMI	E				
	HORED	RT HUFFMAN	234,00			CARRIE	HOCK					
15 (Ye	o. WAS DECEASED I	EVER IN U.S. ARMED FO (If yes give war or dates o		SOCIAL SECURITY NO	. 17. 1	NFDRMANT		HAG	HEST OM	I, M).	100
	NO or unkown)			14-09-8913	MR	S. ISABEL	HUFF	1AN 804	WASH.	AVE.		
		DEATH [Enter only on		Ine for (a), (b), and (c).]					INTE	RVAL BE	WEEN
	PART I. DE	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) U	remia	>					70	ler	37
	4500	DUE	TO OI	- 0 -	0	00		7		1.	0	/
	Conditions, If		(b) Ze	relians	rel	arlen	rock	evosio		101	m	
	gave rise to cause (a), st		то				Dies.			1		
_	underlying caus		(c)									
TIO	PART II. OTHER S	SIGNIFICANT CONDITION	NS CONTRIB	UTING TO DEATH BUT N	OTRELAT	ED TO THE TERMINAL	LDISEASE	CONDITIONGIVE	N IN PART 1(a) 19.	WAS AU PERFOR	TOPSY MED?
FICA			0 - 1							YE	s 🗌	NO ()
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJUI	RY OCCUR	RED. (Enter nature	of Injury I	n Part I or Part	II of Item 1	B.)		
CAL		INJURY Month, Day,	Year 20d. I	NJURY OCCURRED		E OF INJURY (Home,		f. (City or tow	n) (Co	ounty)	(5	State)
MEDICAL	Hour a.m		While at wor		ractory	, street, office bldg.	, etc.)	11. 1		1 -		
-		y that (I) (this hose			rom 7	118	196	to 12/2	5 . 19	O th	at (i) (v	iast
		ceased alive on	2123	-		death occurred at	112011	from the cau	ses and on			
	22a. SIGNATUR	REAL			1-15		Men	07.55		DATE SIG	ENED	
	45	YVICE	the		M.D.	PHYS.	MED. DIRECTO	R PHYS.	12/	24/1	.965	
-1	NAME (T)	(Amu	MADO	TN W D		22d. ADDRESS	Domesi	am			2.000	
			. MART			418 N.			HAGERST			
238	a. BURIAL, CREM	eclfy)		23c. NAME OF CE			23d.	LOCATION (Cit	y, town or co	ounty)	(St	ate)
24	BURLAL FUNERAL DIRE		7,1965	ROSE HIL	L CEM	DYVERY 25a. R	EC'D BY R	GERSTOWN EGISTRAR 25b		YLAN		
24	A ONERAL DIRE			OUZER FUNE	RAL H	OME 250. K						
	They le	1. Warus	m/ H	AGERSTOWN.	MARY	LAND DATE	0 29	1965	Michigal	to ye	roge	,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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18408 18408 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial area mpletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR AI5 (4)(20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17045 CERTIFICATE OF DEATH

A. PLACE DF DEAT	Н				E (Where deceased I		esidence before admission)
	Washin	eton M	RYLAND	a. STATE	nd	b. county ashi	Ington
b. CITY OR TOW	/N (if outside corporate and give nearest town	limits, c. LENGTH OF S					and give nearest town)
Ha.	gers town	1 Week		13 Hager	stown,		
		(if not in hospital, give stree	t address)	d. STREET ADDRESS			e. IS RESIDENCE
Martin	Manor Nurs	sing Home		1300 Vi	rginia .	Ave	YES NO
3. NAME DF DECEASED	Fire	st Middle		Last	4. DATE	Month	Oay Year
(Type or print)	Susan	Mae	I tr	ver	OF DEATH	Dec. 29	1965
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARE	RIED 8	DATE OF BIRTH	9. AGE		YEAR IF UNDER 24 HRS.
Female	White	WIOOWED DIVOR	CEO	lay 19,188	78	yrs. Months	Days Hours Min.
10a. USUAL OCCUPA during most of work House	TION (Give kind of work d ting life, even If retired) 110	one 10b. KIND OF BUSINESS INDUSTRY Hom		11. BIRTHPLACE (Co		-00	TIZEN OF WHAT
13. FATHER'S NAM	AE .			14. MOTHER'S MAID	EN NAME		
Joh	n W. Jones	3		Sus	an M.H.	ause	
15. WAS OECEASEO	15. WAS OECEASEO EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Va. Ave						
No	None	217-10-26	87 M	s. Audrey	Martin	Hagerston	wn Marylan
		cause per line for (a), (b), and	d (c).]				INTERVAL BETWEEN
PART I. O	EATH WAS CAUSED BY:	Pulmono	m /	in boole sun			ONSEL AND OEATH
2.2	IMMEDIATE CAUSE (1	7000-0			
Conditions, If	any, which \	b) Exelval	Throm	boses			2 wko
gave rise to	Immediate (0
cause (a), s	tating the	(c) Pinrol or	Pgros C	esessa			
		NS CONTRIBUTING TO OEATH BU	JTNOTRELAT	EO TO THE TERMINAL D	ISEASE CONDITION	IGIVEN IN PART 1(a)	19. WAS AUTOPSY
CAT							PERFORMED?
20a. ACCIDENT	WAS UNDERLYING	20b. DESCRIBE HOW IN	JURY OCCUI	REO. (Enter nature of	Injury In Part I or	Part II of Item 18.)
	WAS UNDERLYING THE CAUSE OF DEATH OF THE CAUSE OF DEATH OF THE CAUSE EXAMIN	H ER)					
101	INJURY Month, Oay, Y	ear 20d. INJURY OCCURRED		E OF INJURY (Home, fa		r town) (Cou	nty) (State)
Hour a.	m. m. 19	While Not While at work	7	, street, onicobiug., c			
1	1	ital) attended the deceased	d from	1/16	to be	-30 100	that (I) (we) last
	ceased alive of		and that			causes and on th	ne date stated above.
22a. \$10NATO		0	y and that				TE SIGNED
1100	SIXIMAGE	lucy	M.D.	ATTENOING PHYS.	MEO. ST PHRECTOR PH	AFF 2/	30/05
22c. PHYSICI				22d. AOORESS			1 202
NAME (T	Philip	J. Hirshman, M.D	•	159 W. Wa	shington	St., Hager	stown, Md.
23a. BURIAL, CREE	MATION, 23b. DATE TI	HEREOF 23c. NAME OF	CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town or cou	nty) (State)
Burial	Jan.1.	1966 Rest	Hava	n Cemeter	v Hager	stown, Md	
24. FUNERAL DIR	FCIOR	AODRESS		25a. REC	D BY REGISTRAR	25b REGISTRAR'	S SIGNATURE
	.Coffman		Inc.	DAAN	3 1966	Jeliantes	And -
To the	reratoun M	G .					V

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete in filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR AI5 (4) 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE MARYLAND b. COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FUNKSTOWN
STREET ADDRESS 6. IS RESIDENCE DN A FARM?
6 S. HIGH STREET YES NO W
Last 4. DATE Month Day Year
KERFOOT DECEMBER 25 19 65
ATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
PRIL 1. 1887 78 yrs.
1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? FAYETTE CO. PENNA U.S.a.
FAYETTE CO. PENNA ! U.S.a. MOTHER'S MAIDEN NAME
ANNIE ARTHUR
DRMANT FUNKBISWN, MARYLAND
OLA BALL 6 S. HIGH STREET
DNSET AND DEATH
Thrombosis 3 days
TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PERFORMED?
D. (Enter nature of Injury in Part I or Part II of Item 18.)
OF INJURY (Home, farm, 20f. (City or town) (County) (State) treet, office bldg., etc.)
22 / / / / / / / / / / / / / / / / / /
23 , 1965, to 12 - 25, 1965, that (1) (we) last
ath occurred at M, from the causes and Dn the date stated above.
ATTENDING MED STAFF
PHYS. DIRECTOR PHYS. 12/27/1965
318 N. POTOMAC ST. HAGERSTOWN. MD.
CREMATDRY 23d. LDCATIDN (City, town or county) (State)
TERY HAGERSTOWN MARYLAND 1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
DATE DATE DATE DATE DATE DATE DATE DATE

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division, mo	SHIPA TRUL	no.	A THE R. P. SAMESTER
	318 N. ROYCHG ST 1	LEX ENTER	
A STATE OF THE STA	CEMENTAL BASERSTONE AL HOME VARYLAND MARK INC. DRES	J.H. Car 1504\/ Milli Tarrot . Notes All	

FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is successary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. State Department hours after death.

within the used as a burial-transit permit. File pages 1 and to burial, cremation, or removal, and in any event 3 should be agent, prior t

TO FUNERAL DIRECTOR: Page of Health or its designated VR A15ME DAKEL 1960 3500 4-64

1		17047	ion of STATIST	ICAL RESI	EARCH AND RECO					1, MARYLA	AND 11430
	1.	PLACE DF DEAT a. CDUNTY		TON			2. USUAL RESIDI	ENCE (Where decea	sed lived, If instit b. CDUNT	Υ	
		b. CITY DR TDW write RURAL HANCOCI	WASHING //N (If outside corpor and give nearest to	ate limits,	c. LENGTH DF STAY I		c. CITY DR TOWN	RYLAND (If outside corpo	0.00		NGTON ve nearest town
7				IDN (If not In	hospital, give street add	iress)	d. STREET ADDRE		•		e. IS RESIDENCE ON A FARM? YES ND
1	3.	NAME DF		First	Middle	- 11	Lest	4. DATE	Month	Day	
		(Type or print)	K	AREN	SUE		KNABLE	OF DEATH	12.	3	19 65
		SEX	6. CDLDR DR RACE			X 8.	DATE DE BIRTH	9.	AGE (In years II		IF UNDER 24 HR
		FEMALE	W	WIDDWE			1.8.1963	2	yrs.	Ionths Days	Hours Min.
	10a.	. USUAL DCCUPA	IDN (Give kind of wor		KIND DF BUSINESS DR		11. BIRTHPLACE	(State or foreign		12. CITIZEN CDUNTRY	DF WHAT
	uuii	INFA	ilng life, even if retir N T	ed)	INDUSTRY		WASHING	TON COU	NTY MD	U.S.	
	13.	FATHER'S NAM	IE				14. MDTHER'S M	AIDEN NAME			
		LEWIS	KNABLE				FRAN	CES WEL	LER		
	15. (Ye	WAS DECEASED	EVER IN U.S. ARMED F	DRCES? 16	6. SDCIAL SECURITY ND.	17. I	NFDRMANT		Address		
	(NO	(11) or give was or care.	0.30.100	NONE	FRA	ANCES KN	ABLE HA	NCOCK M	D.	
T.			EATH WAS CAUSED E IMMEDIATE CAUS	BY:	line for (a), (b), and (c).	97		· u s - e	in tize	ONS	ERVAL BETWEEN SET AND DEATH
		Conditions, if gave rise to cause (a), s underlying cau	Immediate tating the se lest.	(b) 30 E TD (c)			total				
	CATION	PART II. DTHER	SIGNIFICANT CONDIT	IDNS CONTRIB	BUTING TO DEATH BUT NO	TRELAT	ED TD THE TERMIN	AL DISEASE COND	TIDN GIVEN IN P.		WAS AUTDPSY PERFORMED?
0	CERTIFICATION	2Da. EXTERNA PRIMARY (7) or CAUSE DF DEA	L CAUSE WAS CONTRIBUTING [] TH.	-	DESCRIBE HOW INJURY	Y DCCUR	/	1 11		7-	e.
	MEDICAL	Houro a.		y, Year 20d. While at wo	e Not While	factory	E DF INJURY (Home, street, office bldg	000) (000	Cock	(County)	(State) Md
1	Z	21 1 certif			mains described abov			. Inspection	, Inquir	y X, and	d in my ppinio
		death resul		al causes	Accident X.	Suic			Indetermined r	manner 🗍	
		(C C	0400000				ICAL EXAMINER		Learned .	
÷		ACTUAL	dinas	WN	1 HD III		M.D. ASSISTANT	MEDICAL EXAMIN	IER 🔲		2. DATE SIGNED
		EXAMINER'S	Edward v	v. De	HO III W	700		DICAL EXAMINER	Lauri	12	2-3-65
2		NAME (Type)	(1) W. W.	shing	Hust No		Moundagress (6t			un or country	(Statt D
1	23a	REMOVAL (ST	MATION, 23b. DATE	.65	ORCHARD F	RIDG		RURAL		CK WASH	HINGTON
5	24.		ECTOR	1.	ADDRESS	100		REC'D BY REGIS		GISTRAR'S SIGI	

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

45	-			
4	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
		a. COUNTY	a. STATE b. COUNTY	
		h CITY OF TOWN (if outside corrects limits	Maryland Montgo	
		b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
		Hagerstown 1 year	Cabin John 15 X)
-		d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	1	Western Maryland State Hospital	8110 Seven Lock Road	YES NO W
	3.	NAME DF First Middle	Last 4. DATE Month	Oay Year
		DECEASED (Type or print) TROY	KNIGHT DEC	6 1965
	5.		R OATE OF RIGHTH 19. AGE (In years IFIINDER	
		Male Negroid WIDOWED TO DIVORCED	3-24-1805 60 yrs. Months	Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
	uui	Cement finisher		U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
		Unknown	Amanda ?	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unkown) (If yes give war or dates of service)	INFORMANT 30 R. Address Ave	. N.W.
	(10	No 579 09 8128 R	osa M. Wood- Washington.	D. C.
	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1.1	INTERVAL BETWEEN
		PART I. OEATH WAS CAUSED BY:	4-2011	ONSET AND DEATH
		223X IMMEDIATE CAUSE (a)	mumanen	2- 9ays
		DUE TO	-P1 12 - '	1
		Conditions, If any, which (b) Trearles	tobe lemmerone	1201
		gave rise to immediate cause (a), stating the OUE TO		Know.
		underlying cause last. (c)		7
	NO	PART II. OTHER SICNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTDPSY
	CAT			PERFORMED?
0	F	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part I or Part II of Item 18	The Part of the Pa
	CERTIFICATION	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
			CE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
	MEDICAL	Hour a.m. While Not While factor	ry, street, office bldg., etc.)	
	ME	p.m. 19 at work at work		
		21. I certify that (I) (this hospital) attended the deceased from /		
		saw the deceased alive on 12-3- 1965, and that	death occurred at 3 50 M, from the causes and on t	
		22a. SICNATURE	, V	ATE SICNED
		Mod Megaller M.O	O. PHYS. DIRECTOR PHYS.	-6-65
		22c. PHYSICIAN'S NAME (Type)	22d. ADORESS	
	-	HEINRO NIEGO		
	23a	REMOVAL (Specify)	A	unty) (State)
1	24	Burial 12-11-65 Lincoln		CICNATURE
5	24.		DED 10 1005 Milanda	
)		Frazier's Funeral Home, Wash, D.	C. DATE C 1 0 1965 / Marila	1

EELOS 2-24-181866 а в g 1880 the true was to be the same to be a court of the same 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deafth. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 9

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17040
CERTIFICATE OF DEATH

	0.0000
1. PLACE OF DEATH a. COUNTY Wsshington	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Md b. COUNTY Prince Georges
MARYLANO	a. State Md Prince Georges
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown	Bladensburg /6x-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AOORESS e. IS RESIDENCE ON A FARM?
Western Md State Hospital	5425 Taussig Eoad YES NO
3. NAME DF DECEASED First MIDDLE	Last OF Month Oay Year
5. SEX 6. COLOR OR RACE 7 MARDIEO NEVER MADDIEO 18	2711/1 DEATH // - 11-1965
male white 7. Marrieo NEVER MARRIEO 8	8. OATE OF BIRTH 9. AGE (In'years IFUNOER 1 YEAR IFUNOER 24 HRS. Months Oays Hours Min. Min. Oays Hours Min. Min. Oays Oays
10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR	1 1. BIRTAPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) Foreman Novelty co	COUNTRY?
13. FATHER'S NAME	Pennsylvania USA
George Kurtinitis	Margaret Stepanouvich
	INFORMANT Address
no (Tryes give war r dates of service) 178 03 3281 Ho	spital records Hagerstown Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	/ INTERVAL BETWEEN
PART I. OEATH WAS CAUSED BY:	Men mania on onset and beath
434/ IMMEDIATE CAUSE (a) 10 DU TOTE	July:
Conditions, If any, which) Objection Company	restrict front before (180)
gave rise to Immediate	having found for the
cause (a), stating the OUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO OEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO OEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIO	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?
6 Cliterus clerones. De	nerol YES NO
20a. ACCIOENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCU	RREO. (Enter nature of injury in Part I or Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While factor	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	19 to 19 to that (I) (we) last
	death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENOING MEO. STAFF
Mariol (Cleron) M.O.	
22c. PHYSICIAN'S NAME (Type)	22d. AOORESS
ARTURO XIEGO	1500 Tenna. Ave, Hagerslown Md.
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY	
Burial Ded 14, 1965 Gate of Hear	ven Cemetery Wheaton Md.
24. FUNERAL OIRECTOR AOORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Md.	DEC 1 6 1965 Jeliantes Judge

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			APPENDED TO
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove earbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION	OF STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, MARYL	A
1	7050		CERT	TIFICATE	OF	DEATH			() ()	A

	DIVISION OF STATISTICAL RESI		, 301 W. PRESTON	HEALTH I STREET, BALTIMORE 1, M	ARYLAND
	17000	CERTIFICAT	E OF DEATH		20433
1.	PLACE OF DEATH a. COUNTY WASHINGTON	MARYLAND	a CTATE	(Where deceased lived, If institution: RECYLAND b. COUNTY WAS	esidence before admission) HINGTON
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL SMITHSBURG	c. LENGTH OF STAY IN 1b 85 YEARS	RUF	outside corporate limits, write RURAL	and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (IF not in EDGEMONT RFD SMITHSB		d. STREET ADDRESS / EDGEMONT	RFD SMITHSBURG	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) ELISE	Middle LOOSE	Last LANE	4. DATE Month OF DECEMBER	Day Year 30, 1965
	SEX 6. COLOR OR RACE 7. MARRIED EMALE WHITE WIDOWER	INEAEK MAKKIED	NOV. 5, 1880	9. AGE (In years IF UNDER Months yrs.	Days Hours Min.
0a lur	ing most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY WN HOME		CC	TIZEN OF WHAT DUNTRY?
13.	. FATHER'S NAME		14. MOTHER'S MAIDE		
15	SAMUEL B. LOOSE			SE NEGLEY	
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unkown) (If yes give war or dates of service) NO		MUEL L. LANE	- RFD # 3-SMITHSBU	RG, MARYLAND
MEDICAL CERTIFICATION	Hour a.m. while p.m. 19 at wo 21. Sertify that (I) (this hospital) atten	DESCRIBE HOW INJURY OCCURRED Not While at work ded the deceased from	TRRED. (Enter nature of CE OF INJURY (Home, far rry, street, office bldg., etc.	m, 20f. (City or town) (Cou	nty) (State)
/	saw the deceased alive on 22a. Signature 22a. PHYSIOTAN'S NAME (Type) WALTER H. WIS	hard M.C. SHARD	ATTENDING MD. PHYS. D		ATE SIGNED 31-65
232	CREMATION JAN. 3, 196	ADDRESS	REMATORY 25a. REC	23d. LOCATION (City, town or col WASHINGTON 23, D. D BY REGISTRAR 25b. REGISTRAR	C. S SIGNATURE
(Hailes m foure -	HAGERSTOWN, MAR	YLAND DIAN	4 1956 Milander	Quelge .

NOTE EDITOR

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ENTERTON JUL. 5, 1966 CEDAR HILL CHARLETOLY - WARRINGTON 25, U.C.

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AND GMAJITAN, OO CONCUTRIAN ENGLINE FROM THE PRESENCE OF

DEUTSTEINE CAN TROPENS

SANUEL B. YLOSS

FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours attacked to the delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages F. and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS.

ALIGNE KEREMIKELL	AITO KECOKOS,	DOI WILLIAM	014 2	HILLER,	DATIMO	n
MEDICAL EX	CAMINER'S	CERTIFICA	ATE	OF D	EATH	

a. COUNTY		a. STATE	TACE (M nere deceas	b. COUNTY	in: Kesiden	ca before	amission)
WASHINGTON	MARYLAI		YTAND		TIEGA	ANY	
b. CITY OR TOWN (if outside corporate limi write RURAL and give nearest town)		c. CITY OR TOWN	(If outside eorporati	limits, write RURAL	and give	nearest low	(n)
HACERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (I	J DAYS	d. STREET ADDRES	OLDTOWN	OIX	· do	15. 15. 01	FEIDENICE
		d. STREET ADDRES	3				ESIDENCE A FARM?
WASHINGTON COUNTY H	OSPITAL	ROUTE	1,			YES T	NO X
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day	Year	r
(Type or print) VICTO	R A. LIVE	ENGOOD	DEATH	DEC.	19	9. 19	65
	7. MARRIED NEVER MARRIED		19. Ac	GE (In years IF UND		/ 2	
			las	t birthday) Months	Days	Hours	Min.
MALE WHITE 10a. USUAL OCCUPATION (Give kind of work	WIDOWED DIVORCED	JUNE 30,1939	1 26	yrs.			
dona during most of working lifa, even if retire	d) 10b. KIND OF BUSINESS OR INC	DUSTRY II. BIRTHPLACE (Sta	te or foreign country	12.	CITIZEN O	F WHAT C	COUNTRY
TRON WORKER	CONSTRUCTION	MAR	YLAND		USA		
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	- V			
VERNON A. LIVENGOO	T)	KATHRYN	MITTEON				
15. WAS DECEASED EVER IN U.S. ARMED FOR	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT	M TIP OTA	Address			
(Yes, no, or unkown) (Ifyesgivawarordatesofs	1000000000			- 1		10-	
NO 18. CAUSE OF DEATH [Enter only one	218 38 0288	KATHLEEN LIVE	NGOOD RT.	1, OLDTO		VID.	
PART I. DEATH WAS CAUSED BY:		0.	,		ON	ERVAL BET	DEATH
IMMEDIATE CAUSE (a)	pulmonary o	dem +1	my tos Va	X'C	2	-30	045
7023 DUE TO	2	1 -	d'	2.1. 4			
Conditions, if any, which \ (b)	pueumonia	- due Fre	cruse 1	2097 02	5	- da.	2.5
gava rise to immediata causa	5th Cenvical	Vertelial	= Carub	lete		-ca)	-
(a), stating the underlying sause last.	transservinis	of cond					
(4)_	The Party Popular		ADMAL DIFFACE CON	DITION OUTUBLE	1074111		
PART II. OTHER SIGNIFICANT CONDITION 206. EXTERNAL CAUSE WAS PRIMARY F2. or CONTRIBUTING CAUSE OF DEATH.	HONS CONTRIBUTING TO SEXTH BE	THO RELATED TO THE TERM	MINAL DISEASE CON	DITION GIVEN IN P.			RMED?
	Fell off Sca	RRED. (Enter nature of injury in			Necl	<u>'</u> C	
20c. TIME OF INJURY Month, Day, Year	or 20d. INJURY OCCURRED 20e While Not While at work at work	PLACE OF INJURY (Homa, fa factory, street, office bldg., e	rm, 20f. (City or I	own) (0	County)		(Stete)
21. I certify that I took charge of		e, held an Autopsy X	Inspection	Inquiry A	and	in my o	pinion
death resulted from: Natural ca		Suicide . Homicide	_	rmined manner		, 0	piillon
Countrol from Translat Co	Accident /4			Timileo maimer			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- O.W -	CHIEF MEDICA	L EXAMINER	337			
SIGNATURE du and U	HINO III,	M.D. ASSISTANT MI	EDICAL EXAMINER		D	ATE SIG	NED
EXAMINER'S EDWARD W. D	ITTO, $\overline{111}$	HAGERSTOWN Street	AL EXAMINER AL	(v)	12-2	11-60	-
22a. BURIAL, CREMATION, 22b. DATE THERE-	OF 22c. NAME OF CEMETER	RY OR CREMATORY		(City, town, or cour	nty)	(Stat	•)
BURIAL DEC.23,10	65 DAVIS MEMOR:		CUMBERLA				
23. FUNERAL DIRECTOR	ADDRESS		EC'D BY REGISTRAR	246 REGISTRAR		JRE	118110
BYRON KIGHT 311	DECATUR ST. CUMBI	ERLAND, MD. UEC	2 8 1965	ycuare	Shine	7	
		, DEGE	- 0	4		_	

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VR A15 15M 7-62

1, MARYLAND

DIVISION OF STATISTICA	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE
17052	CERTIFICATE OF DEATH

17052	CERTIFICAT	E OF DEATH		20589
I. PLACE OF DEATH a. COUNTY Washington b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hos Washington Co. Ho		e. STATE Marylar c. CITY OR TOWN (I Rural d. STREET ADDRESS	b. COUNTY	URAL and give nearest town) // / / - a. IS RESIDENCE ON A FARM?
3. NAME OF First DECEASED (Typa or print) EDGAR	Middle BYRD	Last MARTIN	4. DATE Month OF DEATH DECEMBE	Day Year Der 6, 1965
5. SEX Male White Whowe Widows 100. USUAL OCCUPATION (Give kind of work 10b. K		Feb. 2, 18	9. AGE (In years IF N N N N N N N N N	UNDER 1 YEAR IF UNDER 24 HRS. Aonths Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, avan if retired)	ick Co.		ick Co. Md.	U.S.A.
gave rise to immediata causa	line for (a), (b), and (c).]		ie M. Martin,	, Smithsburg, interval setween onset and death 1 day 3 month
cause last. PART II. OTHER SIGNIFICANT CONDITIONS CON	MONIA NTRIBUTING TO DEATH BUT NO SCRIBE HOW INJURY OCCURED.			3 days N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
20c. TIME OF INJURY Month, Day, Year Hour a.m. While p.m. 19	e Not While factors at work	CE OF INJURY (Homa, farmory, street, offica bldg., atc)	(County) (State)
21. I certify that (I) (this hospital) attensaw the deceased alive on				d on the date stated above.
22a. SIGNATURE Charles Tr. Hea 22c. PHYSICIAN'S NAME (Typs) Charles F. He	ss, M.D.	D. PHYS. 22d. ADDRESS	AED. STAFF PHYS. nsburg, Maryland	1-7-66 1-7-83
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacity) BUTIAL Jan.9, 196 24 FUNERAL DIRECTOR'S SIGNATURE PART F. BITTLE,	23c. NAME OF CEMETERY OF United Broadpress Myersville.	or crematory	23d. LOCATION (City, town Ifsville, Fre	or county) (Stata)

\$15.4.3.4. 二介. 使物色质2.4.5.2.4.5.2.4.5.2.4.5.2.4.5.2.4.5.2.4.5.2.4.5.2.4.5.2.4.5.2 n-ocuropen PAGE 18-8164 Sim. Marioria de difereire. Macanglar Pallure 0-1 - 1220 6-1 53-(- parting the transport of the land Charles F. Hess, M.D. Saltanburg, buryand from HOLDERY BUSHINE MALE PURE TO THE But s. Bloom, Markville, and

and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fungral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

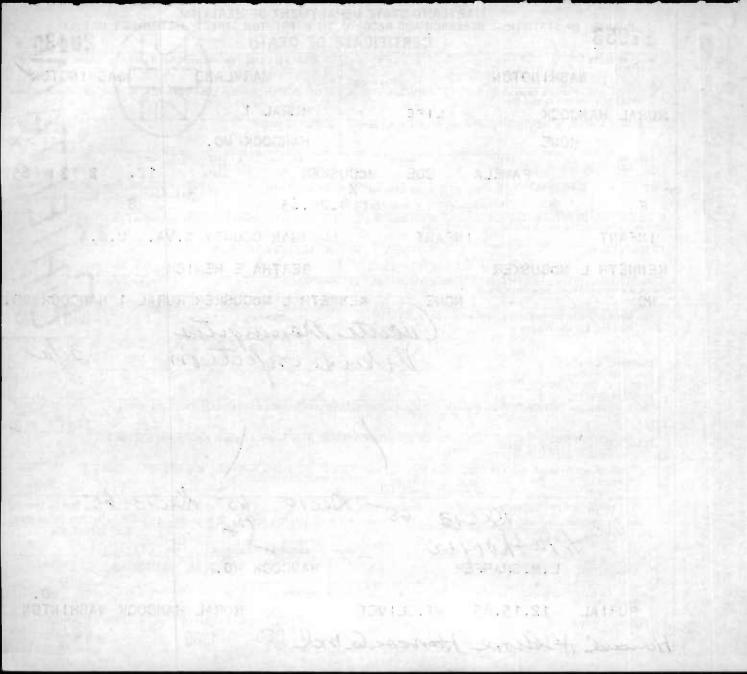
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

OLK III IOAT	P OI DEVIII	CO201
1. PLACE OF DEATH 2. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
WASHINGTON MARYLAND	MARYLAND	
b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest town)
RURAL HANCOCK LIFE	RURAL 1	THE STATE OF
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
HOME	HANCOCK MD.	YES NO X
3. NAME OF DECEASED (Type or print) PAMELA SUE MCCU		Day Year \$ 13 19 65
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	YEAR FUNDER 24 HRS. Oays Hours Min.
F W WIDOWED DIVORCED 4	1.26.65 yrs. 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT UNTRY?
INFANT	MORGAN COUNTY W.VA. U.S	. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
KENNETH L MCCUSKER	BERTHA E HEMICK	
	INFORMANT Address	
	NETH L MCCUSKER RURAL 1 H	ANCOCK MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	S ' '	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Meningites	ONSET AND DEATH
0821 DUE TO)) ;	011-1	2100
Conditions, If any, which) (b)	s) Infection	290
gave rise to immediate (*	
cause (a), stating the underlying cause last.		
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
/ Cal		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTION CONTRIBUTI	URRED. (Enter nature of I Jury In Part I or Part II of Item 18.)	
	CE OF INJURY (Home, farm, \ 20f. (City or town) (Cour	nty) (State)
While Not While	ory, street, office bldg., etc.)	
No.	QCC10 1965 to Deel3 1965	that (I) (we) last
21. I certify that (!) (this hospital) attended the deceased from a saw the deceased glive on 1965, and that	t death occurred at 43° M, from the causes and on the	
saw the deceased alive on 1903, and tha		ATE SIGNED
In Thapfer M.	ATTENDING MED. STAFF DIRECTOR PHYS.	
22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. PHY	
NAME (Type) L.M. SHAFFER	HANGOCK MD.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR COSMOTORY 23d. LOCATION (City, town or cou	nty) MState)
BURIAL 12.15.65 MT.OLIVET		ASHINTON_
24. FUNERAL OIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
Harris & Symo Hancas @	mol DEC 20 1965 Icharles	Judge
5 75		0 - 4

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Page 4 may be retained by the nospital of attending physician, and completely filled in by the funeral TD FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages-1 and-2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and hyalay event, within 72 hours after death.

> VR AI5 (4) 20M 1/65

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND b. COUNTY WASHINGTON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN LIFE	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) WASHINGTON COUNTY HOSPITAL	d, STREET ADDRESS 836 S. POTOMAC ST. e. IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF First Middle EDWARD (Type or print)	MILLER OF DECEMBER 13 19 65
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 MALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 2/3/1889 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life) 10b. KIND OF BUSINESS OR INDEX TILL ROAD	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? S.A.
13. FATHER'S NAME WILLIAM G. MILLER	14. MOTHER'S MAIDEN NAME BA SEMLER
	INFORMANT RS. JEAN WARD TIMONIUM MD.
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, If any, which (b) DUE TO DUE TO (c)	ardio Vascular Disease 5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO
	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor 20m. PLAN factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from 1 saw the deceased alive on 12-13- 19 65, and that 22a. SIGNATURE	death occurred a high from the causes and on the date stated above.
22c. PHYSICIAN'S NAME (Type) Dr. E. W. Ditto, Gr. 21	W. Washington St., Hagerstown, Md.
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL 12/15/65 ROSE HIL	L CEM. HAGERSTOWN MD.
24. FUNERAL DIRECTOR ADDRESS A	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE JULIE Julye

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TO DEPUTY MEDIX—EXAMINER: This certificate should be executed within 24 hours after death—If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1.2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	17055	MEDICA	L EXAMINER'S	CERTIFICATE	OF DEATH	20437
1.	PLACE OF DEATH a. COUNTY	WASHINGTON	MARYLAND	a STATE	(Where deceased lived, If insti	itution: Residence before admission) Y WASHINGTON
	HAGERS		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou		te RURAL end give nearest town)
	WASHINGT	PITAL OR INSTITUTION (if not in ON COUNTY HOSPIT.		d. STREET AOORESS	AC AVENUE	e. IS RESIDENCE ON A FARM? YES NO X
3.	NAME OF DECEASED (Type or print)	First WILLIAM	Middle		4. DATE Month OF DEATH DECEMB	Oay Year
5.	MALE	6. COLOR OR RACE 7. MARRIE WIDOWE	0 NEVER MARRIEO	JULY 5, 1922	last birthdey)	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
dur	. USUAL OCCUPATI	ON (Give kind of work done of life, even if retired) FOREMAN M	KIND OF BUSINESS OR INDUSTRY ACK TRUCKS	11. BIRTHPLACE (State NEW JERSE	te or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
	. WAS DECEASED E	VERICK MILIS VERINU.S. ARMED FORCES? (If yes give war or dates of service) W.W. II		ELSIE JOF INFORMANT DWARD E. MILI	PLAT	NFIELD, N.JERSEY
	PART I. OE 976 X Conditions, if e gave rise to cause (a), sta underlying cause	Immediate ating the DUE TO	let Wound Of Hes			INTERVAL BETWEEN ONSET AND DEATH
ICATION	PART II. OTHER S	GNIFICANT CONDITIONS CONTRIB				YES NO
MEDICAL CERTIFICATION	PRIMARY TO OF CAUSE OF DEATH	CONTRIBUTING Sel	DESCRIBE HOW INJURY OCCU Inflicted. INJURY OCCURRED 200. PLACE INJURY OCCURRED 200. PLACE			(County) (State)
MEDIC	Hour -	12-5- 19 65 at wo	e Not While factor	y, street, office bldg., etc.	.)	Washington, Md.
	21. I certify death resulte ACTUAL SIGNATURE	that I took charge of the re	mains described above, hel		Inspection x, Inquir , Undetermined r examiner cal examiner	ry, and in my opinion
	EXAMINER'S NAME (Type)	EDWARD W. DITTO		W. WASHINGTO	N. 8Th, or CHAGERS	
238	REMOVAL (Spe	DEC. 6.1965		PARK CEM.	WOODERIDGE	NEW JERSEY
24	Hailso SV	CTOR	GERSTOWN MARYL	DEC	8 1965 ACL	GISTRAR'S SIGNATURE

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The law requires that the

PHYSICIAN:

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burial-transit permit. Then pl burial, cremation, or removal,

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MEDICAL

O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transi should be filed with the State Dept. of Health prior to burial, crem Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 056 CERTIFICATE OF DEATH PLACE OF DEATH

WASHINGTON

USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE WASHINGTON c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

				***		4 - 01	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN	c. LENGTH OF STAY IN 1b		(If outside corporat GERSTOWN	e Ilmits, write RUR	AL and give	nearest	town
716 SUNSET AVE.	ospital, give street address)	d. STREET ADORE	ss UNSET AVI			S RESID	RM?
3. NAME DF First	Middle	Last	4. DATE	Month	Day	Year	0 🔼
(Type or print) GARL	WILLIAM	MITCHEL:	L OF DEATH	DECEMBI		19 6	55
5. SEX 6. COLOR OR RACE 7. MARRIED WHITE WIDOWED	-949	8. OATE OF BIRTH	- last	(In years IFUNDI birthday) Months yrs.	ER 1 YEAR IF		Min.
dure ired auto service	CIND OF BUSINESS OR NEW STATION OWNE		(County & State, or fo		CITIZEN OF COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S M					
WILLIAM HENRY MITO	CHELL	WILMO:	TH BURKE				
(Yes, no, or unknown) (If yes hive war or dates of service)	social security no. 17. 217-32-5372	MRS. CHA	ARLOTTE M	Address I	HAGER	_	MV AD
18. CAUSE OF DEATH [Enter only one cause per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).]	tu Hens	Desirie		ONSET	AL BETW	ATH
443 X DUE TO Jus	/	. 1/2	0			-	

IMMEDIATE	CAUSE (a)_	wow sound run sound	
443x	DUE TO	My pertinaire Comir Vascular D tanie	
enditions, If any, which ave rise to immediate	(b)_	1 permaneres mar ascular of theme	
ause (a), stating the	DUE-TO		
nderlying cause last.	(0)	Dundend when	

MARYLAND

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)

CERTIFICATION TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.)

Hour a.m. Not While at work While at work p.m. 19 21. I certify that (I) (this hospital) attended the deceased from

saw the deceased alive on

1963 65 that (1) (we) last and that death occurred at 15/1M, from the causes and on the date stated above. DATE SIGNEO

SIGNATURE 22a. ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. PHYSICIAN'S 22d. ADDRESS

NAME (Type) ENSIEIN NO DATE THEREOF NAME OF CEMETERY OR CREMATORY

LOCATION (City, town or county)

(State) MD.

WAS AUTOPSY PERFORMED? NO Z

(State)

YES

BURIAL, CREMATION, REMOVAL (Specify) BURIAL HAGERSTOWN GARDENS 25a. REC'D BY R CEDAR 24. FUNERAL DIRECTOR D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1/65

VR A15 (4) 20M

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
20439

	1. PLACE OF DEATH a. COUNTY	Washington	Manyanan	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Md. b. COUNTY Wash.
ŀ	write RURAL	N (if outside corporate limit and give nearest town)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	Hagers		1 7 7 7 7 7 7 7	OJ Hagerstown
1	d. NAME OF HOS	SPITAL OR INSTITUTION (if no	ot in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
=		gton County	Hospital	729 Maryland Ave. YES NO
I	3. NAME DF DECEASED (Type or print)	First WTLLTAN	Middle FREDERICK	MONG, SR. DATE Month Day Year DEATH December 21, 1965
ŀ	5. SEX			8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	male	2	RRIED NEVER MARRIED DIVORCED DIVORCED	Jan. 16, 1911 last birthday) Months Days Hours Min.
		ing life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	unit ch		aircraft mftg.	
П	13. FATHER'S NAM			14. MOTHER'S MAIDEN NAME
		George J. M		Susan Myers
Т	(Yas no or unkown)	EVER IN U.S. ARMED FORCES? (If yes give war or dates of service	16. SOCIAL SECURITYNO. 17.	INFDRMANT Address
	yes	WW II		Mrs. Emma Mong, Hagerstown, Md.
			per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerona C	oslusion a lost, hus pordial aforeting the
1	1/2-1		07-1-	Harris II
1	7001	DUE TO	Chroneston	ettert broase - would fens
П	Cenditions, If		the Steel	
1	cause (a), st		//	growing 10
1	underlying caus			
1			TRIDUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
П	TA			PERFORMEDS
	<u>ੂੰ</u>			YES ND Q
	PART II. OTHER S 2Da. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING 2 NG CAUSE OF DEATH TIFY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
1			2Dd. INJURY OCCURRED 2De. PL	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
1	2Dc. TIME OF Hour a.m			ory, street, office bldg., etc.)
	N.I.		it work at work	
1	21 Legriff	v that (Dalthis hosnital) a	ttended the deceased from	195 195 that (1) (we) last
1	/ /	ceased alive on	2/ 1965, and the	at death occurred at 450M, from the causes and on the date stated above
1	22a //SIZNATUI		15E , and the	22b. DATE SIGNED
-	1/20	A A A A A A A		ATTENDING MED. STAFF DI 10 /20 /6
1	1100	of HIS Wille	can M.	D. PHYS. DIRECTOR PHYS. 1 1909
1	226. PHYSICIA NAME (T)	·maV		22d. ADDRESS
1		Philip J.	Hirshman, M.D.	159 W. Wash. St., Hag. Md.
1	23a. BURIAL, CREM		F 23c. NAME OF CEMETER	
	REMOVAL (Spe			
	burial 24. FUNERAL DIRE		ADDRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
7				252
2	Scott F	. Minnich &	Son, Hagerstov	vn, Md DEC 29 1965 Charles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	17058			CERTIF	ICATI	E OF DEATH				2044	()
1.	PLACE OF DEAT a. COUNTY Washing			MARY	YLANO	a. STATE Maryland	E (Where dece	b. COUR		dence before	admission
	b. CITY OR TOW	N (if outside corpora and give nearest tow	te limits, vn)	c. LENGTH OF STA		c. CITY OR TOWN (If		orate limits, wr	rite RURAL and		est town
_	Hagerst			1 Week		Hagerstov	m, Jeff	ferson h	deights		FOLDENO
	d. NAME OF HO	SPITAL OR INSTITUTION	JN (IT NOT IN	nospital, give street a	address)	d. STREET AOORESS				ON A	ESIDENCE A FARM?
_		ton County				319 Green				1 1 1 1 1 1	NOK
3.	DECEASED	Fi	irst	Middle		Last	4. DATE DF	Mont	h		/ear
-	(Type or print)	Jacob		Boyd		Monninger	OEATH		ber 13,		
5.	SEX	6. COLOR OR RACE	1	D NEVER MARRIE	0	B. OATE OF BIRTH	9.	AGE (In years last birthday)	Months Oa	ys Hour	
10	Male	White	WIDOWE			November 20	1878	87 yrs.	0 2	3	
du	ring most of work	ION (Give kind of work ing life, even if retire	done 10b.	KIND OF BUSINESS OF	R	11. BIRTHPLACE (C	ounty & State, o	r toreign country	COUN	TRY?	AI
		(Retired)	1	Tarming		Upton, Pe			U.	S. A.	
13	B. FATHER'S NAM	IE.				14. MOTHER'S MAIO	EN NAME				
	Davis M	onninger				Martha Sh	ank				
(Y	5. WAS OECEASED 'es, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates of	ORCES? 16 of service)	S. SOCIAL SECURITY N	0. 17.	INFORMANT		3 1Addre	Greenda	le Dr	
	No.			None	Mrs	s. Della M.	Monning	ger He	agersto	wn, M	d .
								NTERVAL E			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caydlac Fallure							7.0 7	1245		
	4221 OUE TO A 6										
	Conditions, if any, which) Arterioscloratic Cardiovascular Disease							10 1	/YS.		
	gave rise to immediate cause (a), stating the OUE TO										
	underlying caus		(c)								
100	PART II. OTHER	SIGNIFICANT CONDITION	ONS CONTRIL	BUTING TO OEATH BUT	NOT RELA	TEO TO THE TERMINAL D	ISEASE CONO	ITION GIVEN IN	PART 1(a)		AUTOPSY ORMEO?
ICA	A	rteriosc	leros !	s 06/1	tera	to ena	lett	108.		YES 🗌	NO I
CERTIFICATION	20a. ACCIOENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATHY MEDICAL EXAMI	TH NER) 20b.	OESCRIBE HOW INJU	JRY OCCU	RREO. (Enter nature of	Injury in Par	t I or Part II o	of Item 18.)		
MEDICAL	20c. TIME OF Hour a.		Year 20d. Whill at wo	e - Not While -	20e. PLA facto	CE OF INJURY (Home, fa ry, street, office bldg., e	rm, 20f. (C	ity or town)	(Count)	y)	(State)
-		fy that (I) (this hos			from	5-121	9 60 to	12-1	13, 1965	, that (1)	(we) las
		ceased alive on	12-1			death occurred at 2					
	22a. SIGNATU		2/						22b. OATE		_
	(Ma	rest.	Hes	2	M.0	ATTENOING PHYS.	MEO. DIRECTOR	STAFF PHYS.	1/2-	15-6	5
	22c. PHYSICIA NAME (T		SF.	Hess	MD	Smitt	isbur	8, n	1d.		
23	a. BURIAL, CREM	MATION, 23b. OATE	THEREOF	23c. NAME OF C	EMETERY	OR CREMATORY	23d. LOC	ATION (City, to	own or count	у)	(State)
	REMOVAL (Sp Burial	ecity) 12- 1	16- 65	Beaver	Creel	c Cemetery	Bear	ver Cree	ek, Was	h. Md	
2	4. FUNERAL OIR			AOORESS	7.00	25a. RE	O'O BY REGIST	RAR 25b R	EGISTRAR'S	IGNATURE	
1	ohn U D	a+ In 11	O NT 34	lain Ct Day	an ah a	IIE C	2 0 196	5 /	arco	mage	•

VR AI5 (4) 20M I/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the state Dept. of Health prior to burial, cremation, or removal, and the state Dept. of Health prior to burial, cremation, or removal, and the state Dept.

Lie 1 - 550 L Penyor Creek Constinut . Senyon Crash, Mann. Co. Water A. Sate, Jr. 112 W. Pala Mr. Brond over, W.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please Camove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and m any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17059
CERTIFICATE OF DEATH

11 2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission)

a. COUNTY Washington MARYLAND	a. STATE Md. b. COUNTY W	ash.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown C. LENGTH OF STAY IN 1b 3 days	c. CITY OR TOWN (If outside corporate limits, write RURAL an X Funkstown	d give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Washington County Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) ALTON CECIL	Last 4. DATE Month OF DEATH December 2	Day Year 1, 19 65
male white WIDOWED DIVORCED X	July 23,1906 59 yrs.	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) 1aborer 1aborer	Hagerstown, Md.	ZEN OF WHAT NTRY?
13. FATHER'S NAME Alexander N. Moore	14. MOTHER'S MAIDEN NAME Ida Z. Dixon	
(Yes, no, or unknown) (If yes give war or dates of service)	rs. Gladys Andrews, Hagers	town, Md.
PART I. DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ILAT.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. DUE TO (b) DUE TO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO PS ZUB	a mongh's	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING COUNTY OF DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLAC While Not While at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Count ry, street, office bldg., etc.)	y) (State)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 2005, and that	death occurred at 1 35 M, from the causes and on the	date stated above.
M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. 223) Ec. 65
22c. PHYSICIAN'S NAME (Type) W.M. FEROER	22d. ADDRESS 218 N. POTOMIC St. /4656570	su, Ms.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 12-23-65 Rose Hill C	emetery Hagerstown, Md	
24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstow	n, Md. DEC 28 1965 The REGISTRAR'S	SIGNATURE

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10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician are completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please formule carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

		MARYLAND	STATE DEPAR	IMENI OF H	IEALIH	
	DIVISION OF STA	TISTICAL RESEARCH A	ND RECORDS, 301	W. PRESTON	STREET, BALTIMORE	E 1, MARYLAN
-2	2050	CF	DTIFICATE O	E DEATH		21

1.	PLACE OF DEATH a. COUNTY	Washington	MARYLAND		E (Where deceased lived, If Institution: Re ryland b. COUNTY Wa	shington
	b. CITY OR TOWN write RURAL a	(If outside corporate limits nd give nearest town) Hagerstown	c. LENGTH OF STAY IN 1b	1.	outside corporate limits, write RURAL : aerstown	and give nearest town)
	d. NAME OF HOSP	ITAL OR INSTITUTION (If no	t in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		gton County He			4 Salem Ave.	YES NO X
3.	NAME OF DECEASED (Type or print)	First William	Columbus	Morgan	4. DATE Month OF DEATH December	Day Year 16 19 65
5.	SEX	6. COLOR OR RACE 7. MAR	The state of the s	8. DATE OF BIRTH August 20,190	9. AGE (In years IFUNOER)	Days Hours Min.
108			LOD. KINO OF BUSINESS OR		anty & State, or foreign country) 12. Cl	TIZEN OF WHAT
dur	Ing most of working	g life, even if retired)	INOUSTRY Davern	Hacarati		UNTRY? USA
13.		nuer	Javern	Hagerste	EN NAME	USIT
		Andrew C. 1	Morgan	Mart	ha Rohrer	
15	. WAS DECEASED EV	ER IN U.S. ARMED FORCES? If yes give war or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address Will	iamsport.
(1)	No	ri yeagire was or dutes of service,		s. E. Morgan S	r. 2 S. Vermont St.	Mã
	18. CAUSE OF DE	EATH [Enter only one cause	per line for (a), (b), and (c).]	1		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Chrymony	= 5) Ln	75	3-8 WKG
	163 X	DUE TO		6		
	Conditions, if an					
	cause (a), stat	DUE TO				
Z	underlying cause					The surrous
CERTIFICATION	PART II. OTHER SIG	GNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELA	ATEO TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO? YES NO
ERTIF	20a. ACCIDENT W	AS UNDERLYING 2 G CAUSE OF CEATH FY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	Injury in Part I or Part II of Item 18.	
1			20d. INJURY OCCURRED 20e. PLA	CE OF INTIPY/Home far	m, 20f. (City or town) (Coul	ntv) (State)
MEDICAL	Hour a.m.		MILLS LANDE MILLS LAND	CE OF INJURY (Home, far ory, street, office bldg., et	c.)	(Guate)
ME	p.m.			111/	5 12-11/15:0	11 -1 (1) () 11
		1-	ttended the deceased from 1	t death occurred at		, that (I) (we) last
	22a. SIGNATURE	ased alive on 12/	15 19 anu tila	L death occurred add_	22b. 0/	ATE SIGNED
10		Smil	I how hom M.E		STAFF /2	1.7/65
	22c. PHYSICIAN NAME CTYP	'S θ)		22d. ADDRESS	hern Avenue	
232	John RIBIAL CREMA	C. Morton, M.J. TION, 23b. DATE THEREO	F 23c. NAME OF CEMETER)	OR CREMATION TO	23d. LOCATION (City, town or cou	nty) (State)
230	REMOVAL (Spec	lfy) 12/10/65	Lutheran Chu		1 0	MI
24	. FUNERAL DIRECT	יי מיי	ADDRESS		D BY REGISTRAR 25b. REGISTRAR'S	
	Rest House	n Juneral Chan	el. Hagerstown.	MA DEC	20 1965 Thanks	Judge
	THE PURE PROPERTY OF THE PERTY	IN INCHESTRATION IN THE RESERVENCE	TEGA NUMBER OF CHIEF	Allen Manne		

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			radion Farmer	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please cerbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours afterdeath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

17061 CERTIFIC	ATE OF DEATH	40449
1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution	n: Residence before admission)
a COUNTY MARYLAN MARYLAN	a. STATE b. COUNTY D. Maruland	Jasking 17
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		RAL and give nearest town)
1 to 21 to 21	211 03 2/02 - +21 -1	
d. NAME OF HOSE TAL OR INSTITUTION (if not in hospital, give street addr	ress) d. STREET ADDRESS	e. IS RESIDENCE
Lui Harris & Southand	1139 Hamilton BLud.	ON A FARM?
3. NAME DE Sirst Middle	Last 4. DATE Month	Day Year
DECEASED (Type or print)	DF 12	11 195@9
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	77 44	DER 1 YEAR IF UNDER 24 HRS
MARKIED HEVER MARKIED	last birthday) Month	ns Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12	2. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY		COUNTRY?
Ret'd Restaurant Owner Restaurar	14. MOTHER'S MAIDEN NAME	U.5a
TATHER'S NAME	0 11 ' 0 1.	
James J. HIPPLE	Catherine arainge	25
15. WAS OECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service)	17. INFORMANT 202 S. Address Co	cheague St.
No P20-44-3255	Mr. George Murray William	sport Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 / 1 4	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	notae mulent	1/2 5000
331X OUE TO (1 1	11	-
Conditions, If any which gave rise to immediate (b)	William Merons	2 yar
cause (a), stating the DUE TO	1 / 1 /	1015
underlying cause last. (c)	the arthur others	10-390
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RELATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	1(a) 19. WAS AUTOPSY PERFORMED?
lo l		YES NO
20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OR CONTRIBUTING 20BE OF DEATH	OCCURREO. (Enter nature of injury in Part I or Part II of Item	18.)
0	e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
Hour a.m. While Not While p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	m 10 , 1963, to 12/11/, 19	962, that (I) (we) las
saw the deceased alive on 11/16/ 1965, and	d that death occurred at 7 2M, from the causes and c	
22a. SIGNATURE	ATTENDING MEO. STAFF	. OATE SIGNED
me. Moran	M.O. PHYSDHRECTOR PHYS	12/13/6>
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	mo
John - 00 (00 000	10506 420 10001011 011	county) (State)
DEMOVAL (Chapter)	ETERY OR CREMATORY 23d. LOCATION (City, town or	
24. FUNERAL ORECTOR ADDRESS		Maryland BAR'S SIGNATURE
Albert L. Leaf Williamsport No.		es Judge

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funeral and 2 death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the t director, page 3 should be detached for use as the burial-transit permit. Then please there, carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any yent, within 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 4 7069

OEK III IOA I	20. 22.11
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Washington	a. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
0)	Rural Hagerstown R.D.5
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE ON A FARM?
	YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Cay Year
(Type or print) Arthur M.	Myers Death Dec. 5 1965
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years LIFUNDER 1 YEAR HEUNDER 24 HRS.
WADOWED D DIVIDION D	last birthday) Months Oays Hours Min.
male white whowed blyoked 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	3/21/1893 72 yrs. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life even if retired) INDUSTRY	COUNTRY?
Machine operator Machine tool	Leitersburg, Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
Warren C. Myers	Mary M. Hovis
	INFORMANT Address
yes WW 1 173-03-1151 Mr	s. Arthur M. Myers Hagerstown, Md. R.D.5
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) Carcingma -	Provote 9 mo.
OUE TO A	44-11
Conditions, If any, which (b)	Ny 18 reuseve (Keer threeol 6 ym.
gave rise to Immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELITY OF CONTRIBUTING TO GEATH GOVERNOR OF CONTRIBUTION OF CONTRIBUTI	PERFORMED?
20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCI	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH	The state of the s
	OF DE INVIDENTIAL AND ADDRESS OF THE PROPERTY
9 facts	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
Hour a.m. p.m. 19 While Not While at work	1
21. I certify that (I) (this hospital) attended the deceased from	April 13, 19 18, to bees , 1964, that (1) (we) last
	t death occurred at
22a. SIGNATURE	22b. DATE SIGNED
Mulp J. Maman	D. ATTENDING MEO. DIRECTOR PHYS. D (2/7/65
22c. PHYSICIANS	22d. ADDRESS
Phillip J. Hirshman, M.D.	159 West Washington St., Hagerstown, Md
REMOVAL (Specify)	R.D.5
Burial 12/8/1965 St. Paul Lut	heran Leitersburg, Hagerstown Md.
Waynesboro, Pa.	12/ 4 0
Miller 4. Litter waynesboro, 12.	DATE C 9 1965 Cliantes Judge

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	and the second second		Markett Bill
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funeral and 2 r death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f director, page 3 should be detached for use as the burial-transit permit. Then please remove cerbon papers. Pages A should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2063 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
WASHINGTON MARYLAND	MARYLAND WASHINGTON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL HANCOCK LIFE	RURAL HANCOCK
	d. STREET ADDRESS e. IS RESIDENCE
RFD# 2 HANCOCK	RFD# 2 HANCOCK YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
	ERS DEATH DECEMBER 20 19 65
5. SEX 6. COLOR OR RACE 7. MARRIED 8.	
MALE WHITE WIDOWED DIVORCED 7	125/1889 Tast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
	FULTON CO. PENNA. U.S.A.
13. PATHER S NAME	14. MOTHER'S MAIDEN NAME
	AMANDA SHIVES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address
NO 219-12-0960 MA	RY V. MYERS RED#2 HANCOCK MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	raing organis
4201 DUE TO	Thu diens
Conditions, If any, which (b)	o fascustate
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR	RED. (Enter native of injury in Part I or Part II of Item 18.)
	OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	, street, office bldg., etc.)
//	9/- 1 - 1/10290 - 1/2 - 1/2
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1965, and that (I)	death occurred at 1/1/1/1M. from the causes and on the date stated above.
22a, SIGNATURE	22b. DATE SIGNED
m.D. M.D.	ATTENDING MED. STAFF DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) L.M.SHAFFER	HANCOCK MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	X MRXXXX DOM 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	
BURIAL 12/23/1965 MT. ZION LUT	HERAN FRANKLIN CO PERSYLVANI 25a. REC'D BY REGISTRAR 25b. BEGISTRAR'S SIGNATURE
A 2	
Housel & Stone HANGOCK, MARYL	AND DATE C 27 1965 generales judge

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TO HOSPITAL

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	ROODHAH JARDE		мосовин давия
	HEGE & HARGOOK		MOCCHAH & TOTAL
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			Assessed of Service

FOR STATE HEALTH DEPT.

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O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and a with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEDIC

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL FXAMINER'S CERTIFICATE OF DEATH
20446

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	1.	PLACE OF DEAT	Washing	ton	MARYLAND	2. USUAL RESIDENCE a. STATE	E (Where decease	d lived, If Institute b. CDUNTY		nce before admission)
		b. CITY OR TOW	N (If outside corpora and give neerest toy	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If		ite limits, write	RURAL and	give nearest town)
		Higers	town	,,,	1 day	Rural	pring	RFD #	1	
		d. NAME OF HO	SPITAL OR INSTITUTION	N (If not In I	hospital, give street eddress					e. IS RESIDENCE ON A FARM?
			ington Co	-	a de la companya della companya dell					YES ND
	3.	NAME DF DECEASED	Will:	rst	Middle Albert	Last Mave	4. DATE OF	Month	26	
	5	(Type or print) SEX	6. COLOR OR RACE			8. DATE OF BIRTH	DEATH	Dec.	UNDER 1 VE	19 65 AR JIF UNDER 24 HRS
		Male	White		NEVER MARRIED		la la	st birthday) M	onths Days	
			22200	WIDOWED	DIVORCED	July 29 18	tate or foreign	yrs.	12. CITIZE	N OF WHAT
i	dur	ing most of work	ing life, even if retire	(b)	INDUSTRY			oountry,	COUNT	RY?
		FATHER'S NAM	Finisher	e luor	struction	1 14. MOTHER'S MAIL	yland		U.S.	A
	13.									
	15		adley Na	ave	S. SOCIAL SECURITY NO. 17.	INFORMANT Ell	a Teach	Address	77 -	1 ' W.1
	(Ye	es, no, or unkown)	(If yes give war or dates	of service)						stown, Md
		No	the two two two cos		17-03-3300 M	r. Albert	F. Nave	1919	Va. A	
			TATH WAS CALLETD DY	,	line for (a), (b), and (c).]				10	TERVAL BETWEEN USET AND DEATH L hours
		7.11	MMEDIATE CAUSE	(a) Fra	ctured Skull W	ith Acute Su	bdural	lematoma	_2	1 hours
		703.	DUE							
		Conditions, if		(b) Cer	ebral Lacerati	ons				
		cause (a), s	tating the DUE	TO						
	_	underlying caus		(c)	NITTHO TO BELLIN DUT NOT DE	ATER TO THE TERMINAL I	A NOTACE CONDIT	ON CIVEN IN DA	DT 1/0\ 116	9. WAS AUTDPSY
1	CERTIFICATION	PART II, UTHER	SIGNIFICANT CONDITT	UNSCONTRIB	BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	JISEASE CONDIT	ION GIVEN IN PA		PERFORMED?
8	E S	20a. EXTERNA	L CAUSE WAS	20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	Injury in Part	or Part II of I		<u> </u>
	ERT	PRIMARY OF DEAT	L CAUSE WAS CONTRIBUTING []							(beten iv
			INJURY Month, Day,	Year 20d.	on pavement Co	ACE DE INJUKY (MOMO, TA	irm. 20t. (Cit	y or town)	(County)	(State)
	MEDICAL				f food	ory, street, office bldg., e	tc.)	- h 116	la a la fin a	tan Wa
	M					reet		-		nd in my opinior
				_	mains described above, h		Inspection (na m my opimor
		death result	ed from: Natura	causes	, Accident x, Si	uicide, Homici CHIEF MEDICA		determined m	anner	
		ACTUAL	1: 71.1	A S	49		DICAL EXAMINE			22. DATE SIGNED
		SIGNATURE	11 00		The far		AL EXAMINER	Direction of the last of the l	27-65	
		EXAMINER'S	Dr. E. W. I	itto '	dr.		t, city, town, or		_	n Md
	232		MATION, 23b. DATE		23c. NAME OF CEMETER		23d, LDCA	ION (City, tow	n or county)	(State)
		REMDVAL (Sp		29465	Riverview			Lamspor		
1		. FUNERAL DIRI	*		ADDRESS		C'D BY REGISTR	AR 25b, REG	ISTRAR'S SU	GNATURE
7		Albert	L. Leaf	Willia	amsport Md.	UEC	2 8 196	5 Jacke	ereles !	udge

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Bured IS . According to under street of the I find bernstantly . The land amounted Landons of tell on payeners lor, Jonathan & Bothel Sagest intodicated Agggtal &to 1 2 Chreet Lingerston, Washington, 18. in the state of th

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	.3	CERTIFICATI	T OF DEA			- A	PATTO
1. PLACE DE DEATH				DENCE (Where dece			before admission)
a. COUNTY Wa shingto	on	MARYLAND	Marylan	nd	Washi	ngton	
b. CITY OR TOWI	N (if outside corporate limits.	c. LENGTH CF STAY IN 1b		N (If outside corp			ve nearest town)
	and give nearest town)	1 Week	X Boonsbo	280			
d NAME OF HOS	WIL SPITAL OR INSTITUTION (if not in h		d. STREET ADDR			l e	. IS RESIDENCE
	on County Hospita		/	Main St.			ON A FARM?
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year 19 65
(Type or print) 5. SEX	6. COLOR OR RACE 7. MARRIED	orth Needy	B. DATE OF BIRTH		AGE (In years IF	UNDER 1 YEAR	
					last birthday) M	ionths Days	Hours Min.
Ma le	White WIDOWED	DIVORCED OC	tober 1,	E (County & State,	80 yrs.	2 28 12. CITIZEN	OF WHAT
during most of worki		INDUSTRY			or foreign country)	COUNTRY	(?
Farmer		arming		Hall, Md.		U. S	. A.
13. FATHER'S NAM	E		14. MOTHER'S	MAIDEN NAME			
David H.			Mary G				
15. WAS DECEASED F	EVER IN U.S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17.	INFORMANT		207 Naddress	in St.	
No.		9-12-2127 Mrs	s. Mary C	Needv	Boonsbo	ro, Md.	
	DEATH [Enter only one cause per			1		INTE	RVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	La rollie Col	efertive	Least &	ailure		SET AND DEATH
4200	IMMEDIATE CAUSE (a)	70,0000	1 10)		100000
Cenditions, If	DUE TO	Levol devot-c	burt	Delus	e -		
gave rise to	Immediate (b)			- u			
cause (a), st							
underlying caus	GIGNIFICANT CONDITIONS CONTRIB	HITING TO DEATH BUT NOT DELA	TED TO THE TERMI	NAI DISEASE CONT	ITION GIVEN IN PA	ART 1(a) 19.	WAS AUTOPSY
AKI II. OIIIEKS	INGINITION TO CONTINUE CONTINUE	DOTTING TO DEATH DOT NOT KEEN	TED TO THE TERMIN	INE DIGENCE CONE	in to the contract of the cont		PERFORMED?
PART II. OTHER S 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	Was Uniperi Villo Ed. Look	DESCRIPE HOW IN HIDY COOL	IDDED (Fator not)	es of latury in Da	et Lor Bort II of	Ham 19)	22 140 13
OR CONTRIBUTI	WAS UNDERLYING [] 2Db. ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	IKKED. (Enter natu	ire of injury in Pa	ILI OI PAILII OI	item 10.)	
							(01-1-)
20c. TIME OF I		fanto	CE OF INJURY (Hor ry, street, office blo		City or town)	(County)	(State)
p.r	Trining trining						
	y that (I) (this hospital) attend	ded the deceased from	mi	1960 to	Der 29	, 19 60, tl	hat (I) (we) last
	ceased alive on 12 -2	9 - 19 60, and that	death occurred	at 5 3 M, fro	m the causes a	nd on the dat	e stated above.
22a. SIGNATUR	RE 1					22b. DATE SI	GNED
	of Herough	M.D	ATTENDING PHYS.	MED.	STAFF PHYS.	12 - 30	- 40
22c. PHYSICIA NAME (T)	AN'S JOSEPH SE	CONDARI	22d. ADDRES	90	BORO	nd.	
23a. BURIAL, CREM	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LO	CATION (City, tow	n or county)	(State)
23a. BURIAL, CREM REMOVAL (SO BURIAL	eclfy) 1- 2- 66	Boonsboro Ce	emeterv	Boo	nsboro, M	6.	
24. FUNERAL DIRE		ADDRESS	25a.	REC'D BY REGIS	TRAR 25b. REG	ISTRAR'S SIGN	NATURE
John H. Pa	st. Jr. 112 N. Ma	in Ct Doon-hor	00 Md 044	ERT 4 191	or ocho	meles Que	Sgl.
Pormi II Day	DU DI A TIC NA MB	LIL DUA DUUNSDOI	CI A WIT A DALL	FRI AL THI	nn /	- 0 1	7

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Marilayton County No	Ladigi	207 H. Main St.	
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ale dista		Cotober 1, 1885	0 2 2 88
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David II. Needy		niffilm grad	or I. Min De.
·ei	210-21-012		. D Drodenen
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial endicompletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

2

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. CDUNTY			E (Where deceased lived		esidence before admi	ssion)
	Washington MARYL		a. STATE Md		. COUNTY	ash.	
	b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)			outside corporate lin			own)
	Hagerstown 20 years		Yrural :	Hagerstow	n		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ad-		d. STREET ADDRESS			e. IS RESIDI	ENCE
			1 0 11 2			DN A FAR	M?
_	Washington County Hospital		Rd # 1	LA DATE	S.S. Ab		المار
3.	NAME OF First Middle DECEASED		Last	4. DATE OF	Month		
		WCO				9 196	
5.	SEX 6. COLOR DR RACE 7. MARRIED X NEVER MARRIED		, DATE OF BIRTH	9. AGE (In	years IF UNDER	1 YEAR IF UNDER 24	4 HRS. Min.
	male white WIDDWED OIVORCED		Jan. 30 1	893 72	yrs.	Days Hours	(41)11.
10a	. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR ing most of working life, even if retired) INDUSTRY		11. BIRTHPLACE (Co	ounty & State, or foreign	country) 12. CI	TIZEN OF WHAT	
dur			Beaver	Creek Md		OUNTRY?	
13.	driver baking co.		14. MOTHER'S MAIC		•		
	THE O THE O						
	Martin Newcomer	1.45		McCauley	Addison		
	. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. is, no, or unknown) (If yes give war or dates of service)	17.	INFORMANT		Address		
	yes WW 1 219-20-3954	S	usan Newc	omer Rd	.#1 Hag	. Md .	
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	.]				INTERVAL BETW	
	PART 1. DEATH WAS CAUSED BY:	-11	1 Embelian			12-23-6	
	46CV	0	(
	Conditions If any which) BUE TO HYAUTUNG &	ECI	ader Vaca				
	Conditions, If any, which gave rise to Immediate (b)	7,-,	vacer vace	A			
	cause (a), stating the DUE TO (CILLUD) pull	inti	News.	D.			
-	underlying cause last. (c)					140 WAS SUTE	DOV
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NO	DTRELA	TEO TO THE TERMINAL I	DISEASE CONDITION GI	VEN IN PART 1(a)	19. WAS AUTO PERFORME	
CA	Chrone By loo niphila					YES N	0
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJUR DR CONTRIBUTING CAUSE DA DEATH	Y OCCU	RRED. (Enter nature of	f Injury in Part I or P	art II of Item 1B.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL		De. PLAC	CE OF INJURY (Home, fary, street, office bldg., e	erm, 20f. (City or t	own) (Cou	nty) (Sta	ite)
	Hour a.m. p.m. 19 at work	ractor	ry, street, omce bidg., e	tc.)			
Σ		774	10-1P- 1	965 to see	2 9 10/	that (I) (we)	lact
	21. I certify that (I) (this hospital) attended the deceased from	om_r	death occurred at				
	saw the deceased alive on 1945, ar	id that	death occurred att	W, Tront the C		ATE SIGNED	DDAG.
	22a. SIGNATURE		ATTENDING -	MED STAF	F D /	>4-6V	_
	Miny misus	M.0		DIRECTOR PHYS	. [] ' -	7 6 .	
	22c. PHYSICIAN'S NAME (Type)	. ,	22d. ADDRESS	KSTOWN	m)		
	NAME (1903, DIEY NOVENSTE,	IN	1-010				
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEI			23d. LOCATION			e)
	remation 12-31-65 Lee's Cr	ema		-	gton, D.		
	FUNERAL DIRECTOR ADORESS		25a. RE	C'D BY REGISTRAR 2		^	
	Carth D Winnigh & Car II. Md		DATEN	3 1966	Milanle	Judge	
1	Scott F. Minnich & Son Hag. Md.		I DATE VIV	0 10001	#	0	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 17067 CERTIFICATE OF DEATH

		116-7:1
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	
WASHINGTON MARYLAND		SHINGTON
b. CITY OR TOWN (if outside corporate limits, write RURAL and Rive nearest town) HAGERSTOWN	C. CITY OR TOWN (If outside corporate limits, write RURAL KURAL HAGERSTOWN	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) WASHINGTON COUNTY HOSPITAL	d. STREET ADDRESS / RT. #6	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) RUDOLPH A.	OLEMAN 4. DATE Month DECEMBER	0ay Year 22 1965
TO MINISTER MARKITED	8. DATE OF BIRTH 9. AGE (In years IF UNDER:	1 YEAR IF UNDER 24 HRS. Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret-conveyer 10b. KIND OF BUSINESS OR INDUSTRY Amer. Brewery	11. BIRTHPLACE (County & State, or foreign country) 12. CI CO Baltimore, Md.	TIZEN OF WHAT UNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Albert Oelmann	Unknown	
(Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address	
216-01-4468 W	Walter R. Oelmann, son, ab	ove
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Mesenteric Thr	ombosis	Sudden
4500 DUE TO		
Conditions, If any, which gave rise to Immediate (b) Gen'l arterios	clerosis	yrs.
cause (a), stating the DUE TO		7
underlying cause last. (c)	TED TO THE TED LINE NOTICE CONTRICTION OF THE PROPERTY.	IND. WAS AUTODOV
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRREO. (Enter nature of injury in Part I or Part II of item 18.,	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI factor 20d. Injury Occurred 20d. PLAI factor 20d. Injury Occurred 2	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.)	nty) (State)
	Feb. 1955 to Dec. 2219	55that (I) (we) last
saw the deceased alive on Dec. 21, 19/65 and that	t death occurred atM, from the causes and on th	ne date stated above.
22a. SIGNATURE Some Miles all M.O.	ATTENDING - MEO STAFF - 22b. DA	2/22/65
PHYSICIAN'S NAME (Type) Howard N. Weeks, M. D.	580 Northern Ave., Hag	erstown
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY PARKWOOD C		nty) (State)
Schimunek Funeral Home, Inc. ss	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	
3331 Brehms Lane	DEC 27 1965 Jelianle	Judge

VR AI5 (4) 20M 1/65

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	y Saltimore, Wd.	1985 25 . 30mA	Toyove	
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DV00Z	- Walter H. Orleans, son.	8,044-10-315		
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after detth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

					411 3/1/
1. PLACE DF DE	ATH			CE (Where deceased lived, If institut	lon: Residence before admission)
	WASHINGTON	MARYLAND	a. STATE	ARYLAND b. COUNTY	WASHINGTON
b. CITY OR TO	OWN (if outside corporate limits,	c. LENGTH OF STAY IN 15		f outside corporate limits, write R	URAL and give nearest town)
RURAL	BOONSBORO	4 YRS.	X RURAL.	BOONSBORO	
	OSPITAL OR INSTITUTION (if not		d. STREET ADDRESS		e. IS RESIDENCE
	-KEEDY HOME		NONE		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Oay Year
(Type or prin	10101111	SHEPHERD	OTIS	DEATH DECEMBER	8 19 65
5. SEX	6. COLOR OR RACE 7. MARR	IEO NEVER MARRIED	8. OATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HRS
FEMALE	WHITE WIDOW	VED OIVORCED	AUG. 24,188		ths Days Hours Min.
10a. USUAL OCCUP	PATION (Give kind of work done 10 orking life, even if retired)	b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
HOME		OWN HOME	PROVIDEN	CE CO. RHODE ISL	
13. FATHER'S N		01121 214122	14. MOTHER'S MAIL		
F	DWARD H. SHEPHER	ח	ANNUTE	FRANCIS	
15. WAS DECEASE	D EVER IN U.S. ARMED FORCES?		INFORMANT		rown, MD.
NO NO) (If yes give war or dates of service)	NONE N	RS. CHARLES		ESTON RD.
	OF DEATH [Enter only one cause p		CHARLES CAN	WAGAPAN /40 FIG	INTERVAL BETWEEN
	DEATH WAS CAUSED BY:		the	./	ONSET AND DEATH
22	IMMEDIATE CAUSE (a)	a comment	or with	ungan	0.000
Conditions	If any, which		1 ander.		luston
	to Immediate	arca ge	1 00 64 6 64	o run	
cause (a), underlying ca	stating the DUE TO	0			
		RIBUTING TO DEATH BUT NOT BELL	ATEO TO THE TERMINAL	OISEASE CONDITION GIVEN IN PART	T1(a) \19. WAS AUTOPSY
PART II. OTHE 20a. ACCIDE BOR CONTRIBUTION (IF EITHER, I	my anticus		revious	anum	PERFORMED?
E 303 VCCIDE		DESCRIBE HOW INTURY OCCU	IDDED (Feter noture of	f Injury In Part I or Part II of Ite	YES NO Z
OR CONTRIB	JTING T CAUSE OF DEATH	DESCRIBE HOW INJURY OCC	JRKED. (Enter nature o	r injury in Part I or Part II of Ite	m 16.)
	NOTIFY MEDICAL EXAMINER)	L INTURY CONTROL TO			(01-1-1-)
101		d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa ory, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
1 111		work at work			
	tify that (!) (this hospital) att			954, to Luc 8,	
saw the	deceased alive on	1965, and tha	t death occurred at	13 M, from the causes and	
22a. SIGNA	TURE	PILA	ATTENDING		b. OATE SIGNED
	aurena L	Saulle J.M.	D. PHYS.	MED. STAFF DIRECTOR PHYS.	12/9/1965
22c. PHYSIC NAME	(Type)		22d. ADDRESS		
	LAWRENCE L.	PACKER, JR. M.I). 145 W.	WASHINGTON ST. I	HAGERSTOWN, MD.
23a. BURIAL, CR REMOVAL (EMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town	or county) (State)
HEMOV A	JEC.8,1965		EMETERY	PROVIDENCE RI	HODE ISLAND
24 FUNERAL DI	1 1/	ADORESS		C'O BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
Karle	om Krue & H	AGERSTOWN. MARYI	AND DEC	1 2 1965 Pella	rles Judge

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STATE FOR HEALTH DEPT

TO DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

AI5ME (5) 1/65

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL FXAMINER'S CERTIFICATE OF DESCRIPTIONS

MEDICAL FXAMINER'S CERTIFICATE OF D 70

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	1 2 2 2 2 2
2. USUAL RESIDENCE (Where deceased lived, If institution: Re a, STATE b. COUNTY	
	shington
	end give nearest town)
X Rural Williamsport Md.	
d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Pinesburg	YES NO T
Last 4. DATE Month OF	Day Year
almer December 29	YEAR HE LINDER 24 HRS.
last birthday) Months	Days Hours Min.
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The same of the sa
COL	TIZEN OF WHAT UNTRY?
	S.A
14. MOTHER'S MAIDEN NAME	
Leona May Palmer	
INFORMANT Address	
. John Ehr Williamsnort W	7 REK #2
• 00111 00,7 0111100001011	INTERVAL BETWEEN
	ONSET AND DEATH
th Multiple Lacerations	2 hours
nes Of The Face With Wultiple	
Tog	
TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
	PERFORMED?
collision with	YES NO DE
IRRED. (Enter nature of injury in Pert I of Part II of Item 18.)	
illiamsport. Md. crossing.	
CE OF INJURY (Home, farm, 20f. (City or town) (Cour	ity) (State)
7), Street, Office Blogs, etc.)	252
d an Autoney Ingresion Inquiry	and in my opinion
CHIEF MEDICAL EXAMINER	22 DATE SIGNED
M.D. ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED
_M.D. ASSISTANT MEDICAL EXAMINER	55
M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 12-29-6 Address (Street, city, town, or county)Hagersto	55 own. Md.
M.D. ASSISTANT MEDICAL EXAMINER 12-29-6 Address (Street, city, town, or county) Hagersto	own, Md. nty) (State)
M.D. ASSISTANT MEDICAL EXAMINER 12-29-6 Address (Street, city, town, or county) Hagersto OR CREMATORY 23d. LOCATION (City, town or county) emetery Williamsport Md.	own, Md. (State)
M.D. ASSISTANT MEDICAL EXAMINER 12-29-6 Address (Street, city, town, or county) Hagersto	DWN, Md. nty) (State) RHD #2 SIGNATURE
	a, STATE Maryland c. CITY OR TOWN (If outside corporete limits, write RURAL X Rural Williamsport Md. A Bural Williamsport Md. d. STREET ADDRESS Pinesburg Last 4. DATE Month OF DEATH December 29 3. DATE OF BIRTH April 17 1937 28 yrs. 11. BIRTHPLACE (State or foreign country) Pinesburg Md. 14. MOTHER'S MAIDEN NAME Leona May Palmer INFORMANT Address John Eby Williamsport M th Multiple Lacerations nes Of The Face With Multiple Leg TED TOTHETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) collision with RRED. (Enter nature of Injury in Pert I or Part II of Item 18.) illiamsport. Md. crossing.

Palmar Tooman 29. THE SECOND FOR THE PARTY OF THE Translated Sight Mich Lightle Lecentrics - 22 hours elolifon dir seel eff in some if the remember Processes Of Hall Los Briver of car to collision with . reference . M. sacquest Line in prost . F. I. av. 7:75 1 12-22- 125; The state soute of the second containing of the

ta or retain, life,

. . office. . .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT Item #7 Film #0372 1/2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. CDUNTY Washington Department after death. funeral may be c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits, writa RURAL end giva nearest town) C. LENGTH OF STAY IN 1b Instant Williamsport iamsport d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) any delay, 2, and 3 to PM3. Page State hours Pinesburg Crossing DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any dela please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Fetained for your files. DATE Month NAME OF 4. Middle ΩF the 72.1 DECEASED DEATH December 29 19 65
19. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS (Type or print) Palmer Leona May 2 with within 6. COLDR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH 5. SEX last birthday) Months | Days White Female WIDOWED T DIVORCED any event 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Williausport Md. RFT Dish Washer Restaurant 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME i Ba Corneliaia George N. Corderman File Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no. or unkown) (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. permit. F Mr. John Eby Williamsport Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: a burial-transit | cremation, or IMMEDIATE CAUSE (e) Fracture Of Skull With Facial Lacerations (b) Crushing Injury To Chest Conditions, If any, which geva risa to immediata DUE TO cause (a), ateting the 63 (c) Fracture Of Both Arms And Tegs ed as a burial, undariving cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION used to bu Passenger in car in collision with
20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of Injury in Part I or Part II of Itam 18.) should be 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20a. PLACE of INJURY (Home, farm, 20f. (Chy of town) factory, street, office bldg., etc.) 3 shoul agent, 1 CAL 20c. TIME OF INJURY Month, Day, Year While Not While at work at work MED Washington State Route 68 Williamenort FUNERAL DIRECTOR: Page Health or its designated Inspection , 21. Certify that I took charge of the remains described above, held an Autopsy . Inquiry Undetermined manner Homicide Accident X. Suicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER M.D. DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Hagerstown, Md. W. Ditto. NAME (Type) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 23a. BURIAL, CREMATION, 23b. 0 Mennonite Cemetery Williamsport Md. RFD 0

ADDRESS

Williamsport Md.

e. IS RESIDENCE

YES ND

Year

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

and in my opinion

22. DATE SIGNED

Judge

(State)

NO J

(State)

Instant

YES

25b. REGISTRAR'S SIGNATURE

Ocharles

REC'D BY REGISTRAR

25a.

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24. FUNERAL DIRECTOR

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND)
17071	CERTIFICATE OF DEATH	17

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
WASHINGTON MARYLAND	MARYLAND WASHINGTON
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
HAGERSTOWN 1 DAY	03 HAGERSTOWN
d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
rr 214 N. POTOMAC STREET	23 W. WASHINGTON STREET YES NO X
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) JOHN EDWARD	PATTON DECEMBER 17 1965
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED X DIVORCED	DEC. 28.1894 70 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
RETIRED BRAKEMAN RATIROAD	WASHINGTON CO. MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN W. PATTON	ELLA TICE
	INFORMANT MAISTERSTOWN, MD.
	RS. FRANCES PHETTEPLACE R.D. #1
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) Warner	July My July
Conditions, If any, which \ DUE TO \And And \and \and \and \angle	1: 15-01 D = 2:10 Ve
gave rise to immediate	10 00 Dans 200.
cause (a), stating the DUE TO DUE TO Underlying cause last.	I ander morning 15 1x
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY
TATTILI TILLICITATI TONICI CONDITIONS CONTINUE TO DEATH DOT NOT RELE	PERFORMED?
On ACCIDENT WAS THERED VINCET 1 ON DESCRIPTION INTURY COS	YES ND
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)
Hour a.m. While Not While	ory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	to death provinced at 2 to 12/11/10, that (I) (we) last
	t death becuired atii, fibili the causes and bit the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF
M.	D. PHYS. X DIRECTOR PHYS. 12/18/1965
PHYSICIAN'S NAME (Type) JOHN C. MORTON M.D.	22d. ADDRESS 580 NORTHERN AVE. HAGERSTOWN MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER BURIAL (Soecify) DEC. 20.1965 ROSE HILL CH	
/ 4/ 11 = //	DEO AGA
Kules on Paujar HAGERSTOWN, MARYLAND	DATE 27 1965 Januarles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY a. STATE b. CDUNTY Washington MARYLAND Maryland y delay is recessary, and 3 to the funeral A3. Page 5 may be Department after death. c. CITY OR TDWN (If outside corporate limits, write RURAL and give neerest town) b. CITY DR TDWN (If outside corporate limits, c. LENGTH DF STAY IN 1b write RURAL end give nearest town) Woodbine Rural iagerstown Months d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE DN A FARM? d. STREET ADDRESS State hours R.F.D YES ND X Western Maryland State H NAME OF Middle OATE Month Year the DECEASEO OF **OEATH** 19 65 (Type or print) Dec 2 with AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. CDLDR DR RACE 9. ACKAMINER: This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages Ashould be forwarded to the Chief Medical Examiner's Office along with Demo 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours Male White WIDDWED DIVDRCED I 1898 an. l and event 12. CITIZEN OF WHAT 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) CDUNTRY? $\overline{}$ S Farming Maryland pages 1 in any Retired Farmer 13. FATHER'S NAME MOTHER'S MAIDEN NAME Florence Conaway Picket File Harvey E. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SDCIAL SECURITY ND. permit. I removal, (Yes, no, or unkown) (If yes give war or dates of service) Same as Mrs Bertha P. Pickett one INTERVAL BETWEEN 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate DUE TD cause (a), stating the Ø used as a to burial, underlying couse last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? CERTIFICATI 1 Hans ND X YES please execute the certificate, writing t director. Page 4 should be forwarded to retained for your files. 3 should be agent, prior t 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. CH CAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 120e, PLACE DF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Not While Woodbine O JIRECTOR: Page its designated et work at work 21. I certify that I topk charge of the remains described above, held an Autopsy Inspection X, Inquiry X and in my ppinion DIRECTOR: Undetermined manner death resulted from: Natural causes Accident X Suicide Homicide CHIEF MEDICAL EXAMINER O DEPUTY MEDIC 22. OATE SIGNED ASSISTANT MEDICAL EXAMINER 0 FUNERAL I DEPUTY MEDICAL EXAMINER Nager You Address (Street, city, town, or county) NAME (Type) · Washington 23c. NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City, town or county) BURIAL, CREMATION, 1 23b. DATE THEREDE REMDVAL (Specify) Pof 2 of Co. Md. Burial nfield Church Gold Carroll 96 24. FUNERAL DIRECTOR 1965 VR A15ME C.M. Waltz Box 241 Sykesville, Md 3500 4-64

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEAR

CH.	AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1,	MARY
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	DIVISION OF STATISTICAL RESEARCH	AND RECORDS, ERTIFICATE		EET, BALTIMOR	E 1, MARYLAND	5
1.	PLACE OF DEATH a. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where a. STATE MARYLA	h count		
	HAGERSTOWN rest town)	LIFE	c. CITY OR TOWN (If outside HAGERST		B RURAL and give nearest to	own)
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, WASHINGTON COUNTY HOSPITA		d. street address 31 E • WASH	INGTON S	e. IS RESIDE ON A FARI YES NO	M2
	()		POFFENBER GERE	ATH DECE	- 13 - 2	
	FEMALE 6. COLOR OR RACE 7. MARRIED NI	DIVORCED [2/14/1908	last birthday) N		Min.
du	Da. USUAL OCCUPATION (Give kind of work done Industry Industry House It even If retired) HOUSEWIFE 100. KIND OF HOUSE HOUSE	Y	11. BIRTHPLACE (County & St MARYLAND		12. CITIZEN OF WHAT COUNTRYS .A.	
13	RESIN B. TURNER		GRACE V. E	YRON	HA CED COOL	NT .
1	(as no ar unkown) (If yes hive war or dates of service)	16-3535 I	MR. JOSUHA PO	Address FFENBERG	HAGERSTOWN ER	IN
	18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	. // 0	omateris		INTERVAL BETWEE	
	Conditions, If any, which gave rise to immediate	one of	all bladder		6 months	2.
7	cause (a), stating the DUE TO underlying cause last.	0 0				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T				YES NO	
		BE HOW INJURY OCCURI	RED. (Enter nature of injury in	Part I or Part II of	Item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a.m. While not work at work at work at work at work at work and an arms.		OF INJURY (Home, farm, 201 , street, office bidg., etc.)	f. (City or town)	(County) (Stat	te)
	21. I certify that (I) (this hospital) attended the saw the deceased alive on 12/10		11 , 1965, leath occurred at 2304M,	to /2/// from the causes a	, 19 65 , that (I) (we) nd on the date stated ab	
1	La SIGNATURE GUNINGS	M.D.	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED 12/13/65	_
		ings	22d. ADDRESS 3/8/		gc 57.	
		MAN OF CEMETERY C	CEM.	LOCATION (City, tow HAGERSTOW	N MD.	:)
2	4. FUNERAL DIRECTOR ALL TO MARKETT HOSES	ADDRESS /	DEC 16	1965 Julie	SISTRAR'S SIGNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH								
PLACE OF DEATH a. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Resid a. STATE b. COUNTY Maryland Washingto						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neares					
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a. COUNTY Washington b. CITY OR TOWN (If outside corporate limits, write runk). Hagerstown 4. Washington C. CITY OR TOWN (If outside corporate limits, write RURAL and give neares the write fundament of the wind and give nearest county. Hagerstown 6. RAME OF ROPITAC IN INSTITUTION (If not in hospital, give street address) Western Md. State Hospital 7. NAME OF ROPITAC IN INSTITUTION (If not in hospital, give street address) Western Md. State Hospital 7. NAME OF ROPITAC IN INSTITUTION (If not in hospital, give street address) Western Md. State Hospital 7. NAME OF ROPITAC IN INSTITUTION (If not in hospital, give street address) Western Md. State Hospital 7. NAME OF ROPITAC IN INSTITUTION (If not in hospital, give street address) Western Md. State Hospital 7. NAME OF ROPITAC IN INSTITUTION (If not in hospital, give street address) Western Md. State Hospital 7. NAME OF ROPITAC IN INSTITUTION (If not in hospital, give street address) Western Md. State Hospital 8. OATE OF BIRTH DATE OF WORK IN INSTITUTION (If not in hospital, give street address) Western Md. State Hospital 8. OATE OF BIRTH DATE OF WORK IN INSTITUTION (If not in hospital, give street address) Willowson Divided Color (In International Color (In		ence before admission)										
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Unknown 13. Father's name Rooklyn W. Pryor 15. Was Deceased ever inu.s. armed forces? (Yes, m, ar undown) (Hyss pin war of actes of service) 16. Social securityno. 17. Informant Hame statown, Md. 17. O3-1182 S.W. Weagley, 143 Belview Ave, 18. Cause of Death (Enter only one cause per line for (a), (b), and (c).] PART I. Death was caused by: IMMEDIATE CAUSE (a) ULE TO Conditions, if any, which gave rise to immediate cause (a) ULE TO Conditions, if any, which gave rise to immediate cause (a). Social security was undertying a cause in the course of path (b) OUE TO Conditions, if any, which gave rise to immediate cause (a). Stating the underlying cause last. (c) PART I. Death was undertying a cause in the course of path (first internal course) (b) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II or Item 18.) (if EITHER, NOTIFY Medical examiner) 20c. Time Of INJURY Month, Day, Year More and While at work and work at work at work at work and work at work at work at work at work at work at work and work at work and work at work at work and work and work at work and work at work and work and work	- 1	10a. U	SUAL OCCUPA	TION (Give kind of world	k done 10b. K	IND OF BUSINESS OR	11	BIRTHPLACE (C	County & State, o		12. CITIZ	EN OF WHAT
13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME 14. MOTHER'S MAIOEN NAME 15. WAS DECEASED EVER IN U.S. ARMEOFORCES? (15. NAS AUTOPSY PERFORMED? (15. NO. INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH DUTTOR CONTRIBUTION (15. NO. INTERVAL BETWEEN ONSET AND DEATH DUTTOR COULT (15. NO. INTERVAL BETWEEN ONSET AND DEATH DUTTOR C		uuring			ea)	NDUSTRY	1	mod omt	in do	263		
ROOKLYN W. Pryor Elsie Brandenburg		13. F					114.	MOTHER'S MAI	OEN NAME	IVICI	1 0 0	·H ·
15. WAS DECEASED EVER IN U.S. ARMEOFORCES? (Yes, no, or unknown) (If yes give war of dates of service) no 217-03-1182 S.W. Weagley, 143 Belview Ave, 120-03-1182 S.W. Weagley, 143 Belview Ave, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSE DBY: In Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. Oue to (c) PART II. OTHER IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) PART II. OTHER IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) PART II. OTHER IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) Oue to contributing cause last. Oue to contributing to the cause of the contribution of the			Roo	klyn W. P	ryor					en hu re		
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21. I certify that (I) (this beautial) attended the deceased from real R, 1962 to leave, 1965, that (I) (me) last saw the deceased alive on real R, and that death occurred at real R, from the causes and on the date stated above. 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 22c. PHYSICIAN'S NAME (Type) 22d. AOORESS EVESTICAL STATE HOSPITAL STATE HOSPITAL REMOVAL (Specify) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23d. LOCATION (City, town or county) (State) 24. FUNERAL DIRECTOR 25a. REGISTRAR'S SACNATURE			IF EITHER, NO	TIFY MEDICAL EXAM	INER)							
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saw the deceased alive on December 19 & and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) 22c. PHYSICIAN'S NAME (Type) 22d. AOORESS SUESTREM No. STATE PHYS. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23d. LOCATION (City, town or county) 24d. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		-					mma	ech e	062 :01	Dece i.	1065	that (I) (ma) last
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24. FUNERAL DIRECTOR 250. REGISTRAR'S SACHATURE	. 1		Buri	Dec.	5 1065	Dotter !	Rnoth	A YM	Confie	Id Das	2 0- 1	123
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Paul F. Bittle. Myersville. Md. DEC 6 1965	1				0/1	ADORESS	DICOL		C'D BY REGIST	RAR 25b. RE	GISTRAR'S S	UCI GNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

40	7075		CERTIFICA	TE OF DE	ATH		20457
1. PLACE C a. COUN	OF DEATH ITY Wash	ington	MARYLANI	a. STATE	SIDENCE (Where decea	h COLINTY	ion: Residence before admission) Washinaton
b. CITY Write	OR TOWN (if outside corp RURAL and give nearest Ragerstow	orate limits, town)	c. LENGTH OF STAY IN		WN (If outside corpo	rate limits, write R	URAL and give nearest town)
d. NAM	E OF HOSPITAL OR INSTITU Washington C	JTION (If not In hos	spital, give street addre	d. STREET ADI	DRESS	inaton St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME O DECEAS (Type or	F ED	First homas	Middle Caseu	Last Raineu	4. OATE OF DEATH	Month December	Day Year
5. SEX Male	6. COLOR OR RAI		NEVER MARRIED DIVORCED	8. DATE OF BIR April 26,	1964	ast birthday) Mon	NDER 1 YEAR IF UNDER 24 HRS.
during most	OCCUPATION (Give kind of wood of working life, even if resource)	orkdone 10b. Kin lired) INI	ND OF BUSINESS OR DUSTRY None	11. BIRTHPLA	ACE (County & State, of st	r foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHE	Thomas	Casey Ra			s maiden name Suzanne Re		
(Yes, no, or u	CEASED EVER IN U.S. ARMEI unkown) (If yes give war or dat	D FORCES? tes of service)		7. INFORMANT	vey Sr. 105	E-Washing	agerstown, Md.
	IUSE OF DEATH [Enter only IRT I. DEATH WAS CAUSED IMMEDIATE CAL	BY: JSE (a) W					INTERVAL BETWEEN ONSET AND DEATH
gave r	ons, if any, which ise to immediate (a), stating the	(b) M	eningococcen	nia, fulmir	nating		
7	ing cause last,) OTHER SIGNIFICANT COND	(c) ITIONS CONTRIBUT	ING TO DEATH BUT NOT F	ELATED TO THE TERM	MINAL DISEASE CONDI	TION GIVEN IN PART	T1(a) 19. WAS AUTOPSY PERFORMED? YES X NO
	CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF D HER, NOTIFY MEDICAL EXA	DEATH MINER)	scribe How Injury o	CCURRED. (Enter na	ture of injury in Pari	l or Part II of Ite	m 18.)
	IME OF INJURY Month, Dollour a.m. none	ay, Year 20d. IN While at work	JURY OCCURRED 20e. Not While fat work	PLACE OF INJURY (Heactory, street, office to none	ome, farm, 20f. (Coldg., etc.)	(ty or town)	(County) (State)
saw	I certify that (I) (this he the deceased alive on	ospital) attended De c 28	the deceased from. 19 65, and	May 14 that death occurre	, 196 6 , toI ed atA_M, from	the causes and	19 <u>65</u> , that (I) (we) last on the date stated above.
	SANULAR	Miles	8	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	12-29-65
N		Harold R.					Mag er stown, Md
REMO	val (Specify) 12/	TE THEREOF	Rest Have	n Cemetery	Hau	ATION (City, town of	or county) (State) Md TRAR'S SIGNATURE
	daven Juneral	Chapel.	Hagerstown,	Md. DA	h h a a d	66 Jelia	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1	11010 CERTIFICA	201	28.
-		PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence be	fore admission)
		Washington MARYLAND	*. STATE Maryland b. COUNTWashingto	on
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neare:	st town)
	Ι,	writa RURAL and give naarast town) Hagerstown	/ Rural Boonsboro	
2		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e.	IS RESIDENCE
1	W	ashington County Hospital	YE	ON A FARM?
	1	NAME OF First Middle DECEASED	Last 4. DATE Month Day	Yaar
			der DEATH 12 28	196 5
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.		INDER 24 HRS.
			Sept. 2, 1884 St yrs. Months Days Ho	urs Min.
	10a	USUAL OCCUPATION (Give kind of work needuring most of working life, evan if ratirad)	Y 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WH	HAT COUNTRY?
		housewife own home	Frederick Co., Md. U.S.	
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		John Sigler	Sarah Jones	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Ins. no. or unknown) (Ifyesgivawarordatesofservice)	NFORMANT Address R. F. D.	•
		no Mrs	. Frederick Otto, Boonsboro, Mc	d.
		1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).)		AL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		day
		DUE TO O	F . V	7
		Conditions, if eny, which \ (b) Caralac	Failure	
		gava rise to immadiate cause (a), stating the undarlying DUE TO	t. 11 d-1.	
		causa last. (c) (Wewas cle	volic Heart Neseast	
	N N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W	AS AUTOPSY PERFORMED?
0	CATI		YES	□ NO □
	CERTIFICATION	20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURREI (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Entar nature of injury in Part I or Part II of itam 18.)	
	\ V		CE OF INJURY (Home, farm, † 20f. (City or town) (County)	(State)
	MEDICAL	Hour a.m. Whila Not Whila facts	ory, streat, offica bldg., etc.)	
		21. certify that (I) (this hospital) attended the deceased from	12/25/65, 19 to 12/28/65, 19 that	(I) (we) last
		saw the deceased alive on 12/27/63 19, and that		
		22a. SIGNATURE		22b. DATE
		Kasser 1/h aus sell m	D. PHYS. DIRECTOR PHYS. 12/25	8/65 SIGNED
		22c. PHYSICIAN'S NAME (Type) 19 1 1// Ca. a/ 1/	22d. ADDRESS	
		Koberl V. L. (2mpbell	MAGEKSIOWN Ma	
		REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county)	(Stata)
10			metery Middletown, Md.	
1	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
1		Gladhill Company, Middletown, Md	1. DATEN 3 1966 Jelianles Jung	n.

death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: VR A15 (4) 20M 5-63

se executed within 24 hours after

The law requires that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH

Morley Wideslider Second 12/12 20 12/12 -- 12/ CHARLE A ROME, THE SECRET CONTROL OF THE SEC

death.

executed within 24 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS,

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	KIII IOAIL O	PEAIII		Z 13 (4) 1
1. PLACE OF DEATH a. COUNTY Washington		SUAL RESIDENCE (Whe STATE Mary1:	re deceased lived, If institution: R and b. COUNTYWas	
b. CITY OR TOWN (if outside corporate limits, c. LENGTE	OF STAY IN 1b C. CI		corporate limits, write RURAL	and give nearest town)
			Ave	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ELWOOD WAYNE	RIDER			Day Year 18 1965
37 1 . Tyn. 4 L .	MARKIED		9. ACE (In years IFUNDER Months wrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machanic Machanic	INESS OR 11. I		3.7	ITIZEN OF WHAT OUNTRY?
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAM	AE .	
Carl Rider	.000	Flora Evan	ns	
	URITYNO. 17. INFDRI	MANT	Address	
Yes W. W. 2 214-09-	8411 Mrs.	Iretta Ri	der Hagerst	own, Md.
	(b), and (c), 1/2			INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	(COAU	1.0101		ONSET AND DEATH
1/2/1	The state of the s	Carrier O	*	00000
	stleit. V	100.N)	1. Class >	5 ms
gave rise to immediate	/ cacas /	Can' V	720-00	
undertain source took				
	ATH BUT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	PERFORMED?
O ACCIDENT WAS UNDERLYING IT I 20h DESCRIPE I	IOW INTIDY OCCUPATED	(Fator nature of Inlum	In Dart I or Dart II of Itom 19	
		(Enter nature or injury	in Part 1 of Part 11 of Item 10	
Hour a.m. While Not W	hile factory, stre		Of. (City or town) (Con	unty) (State)
	ceased from	. 19	to	, that (I) (we) last
222 GIGNATURE			22b. E	
Marial Stone		TENDING MED.		120/65
226 PHYSICIAN'S	22	d. ADDRESS	2.1.	Ki
Donald E. Martin M.D.	4	F18 N. D.	Otto mac	24
Table Marvin Ave Marvin Ave				
A. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A. STREET ADDRESS A. ST				
24. FUNERAL DIRECTOR ADI	DRESS			'S SICNATURE
Scott F. Minnich & Son Hag	erstown. M	la. DATEC 27	1965 Jane	Judge

1/65 VR ALS

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MARYLAND STATE DEPARTMENT OF HEALTH
STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	70000			CENTILL	CALL	OF DEATH				21141	11
1.	PLACE OF DEATE a. COUNTY	WASHINGT(ON	MARYL	AND	2. USUAL RESIDENCE a. STATE MA	E (Where	h onu	NTV	sidence befor	
ì	HAGERS')	c. LENGTH DF STAY 2 YEARS	3	c. CITY DR TDWN (If		corporate limits, w	rite RURAL a	nd give nea	arest town)
		SPITAL OR INSTITUTION AST AVENUE	(if not in he	ospital, give street ad	idress)	d. STREET ADDRESS 146 EA	ST A	VENUE		e. IS DN YES	RESIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	RUSH	it	Middle SHAFFER	R	Last LINEHART	4. DA' OF DE	TE Mont		Day 27,	Year 19 65
5.	MALE	6. COLDR DR RACE	7. MARRIED WIDDWED	LAS		EB. 22, 187	7	9. AGE (In years last birthday) yrs.	Months 1	YEAR IF UN Days Hou	
R	ETIRED T	ION (Give kind of work ding life, even if retired) IME KEEPER	11	IND OF BUSINESS OR NDUSTRY D PROCESSIN		CHAMBERSB			COL	IZEN DF WI INTRY? USA	HAT
13	. FATHER'S NAM	E				14. MOTHER'S MAID					
		HARPER	RINEHA	ART		M	ARY	A. SHAEFFE	ER		
15	. WAS DECEASED	EVER IN U.S. ARMED FOR (If yes give war or dates of	CES? 16.	SDCIAL SECURITY NO.	17.	INFORMANT		14Addr	BAST A	VE.	
	YES	SPANISH-AME		5_03_0122	MRS	.ALLIA M. R.	INEH	ART- HAGET	RSTOWN	MARY	LAND
	18. CAUSE OF	DEATH [Enter only one							1	INTERVAL	BETWEEN
	PART I. DE	ATH WAS CAUSED BY:	. (=	0200-1/10	C + 51	4 Hamorrell &	-07				ND DEATH
	443 X	IMMEDIATE CAUSE (u)	ALCISED. ALE		C Itc.	-deriver			1000	(GI GI
	Conditions, if	DUE T	0 11	1	1	ENIOSCISIONE	0.0		Dec	, U.	
	gave rise to	Immediate (ENCI CHENCE	1 des	C.C.O. 3CC 3CO 11.C		210 August	463000	110	-
	cause (a), st		0								
Z	underlying caus	/	C)	ITING TO DEATH DUT N	DEDELAT	TED TO THE TERMINAL D	ICEACEC	ONDITIONCIVENIA	DADT 1/2)	I19. WAS	AUTOPSY
CERTIFICATION				TING TO DEATH BUT N	DI KELA	TED TO THE TERMINAL D	ISEASE U	ONDITIONGIVENIN	IPARTI(a)	YES _	FORMED?
	OR CONTRIBUTI	WAS UNDERLYING TIME CAUSE OF DEATH TIFY MEDICAL EXAMINE	H	DESCRIBE HOW INJUR	Y DCCUI	RRED. (Enter nature of	injury in	Part I or Part II	of Item 18.)		
MEDICAL	20c. TIME DF Hour a.m		ear 20d. If While at work	Not While		E DF INJURY (Home, far y, street, office bldg., et		f. (City or town)	(Coun	ty)	(State)
-	21. I certif	y that (I) (this hospi ceased alive on 10	tal) attende	ed the deceased from	om			to 27 DSe from the causes			
	22a. SIGNATUI			, al	iu tilat	death occorred at 1	/AIVI,	Hom the causes		TE SIGNED	ted above.
	20	2 Fac	3		M.D.	PHYS. LX D	MED. DIRECTOR	STAFF PHYS.		27-65	
	22c. PHYSICIA NAME (T)		NOEL F	TENDER, M.D	•	22d. ADDRESS 218 N. PO	TOMAC	C ST., HAGE	RSTOW	N, MD.	
23	REMOVAL (Spe			23c. NAME DF CE				LDCATION (City, t			(State)
	BURIAL	DEC. 30	, 1905		TIT C			AGERSTOWN,			-
24	Houles	. //	— НА	AGERSTOWN,	MARY	1 1 1 1 1			egistrar's		

5 (4) 1/65 VR AI5 20M 1,

		ALL	TENERAL PARTIES	
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	District the ear			901
, 75 PER			RSUA	
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AND STAN	YEMMER, PANNEY	FOOD IS CORRECTED	THE BEST	DOTTE
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MINA , MOYS II	DAN ATHABARA NA ATALA.	. 1775-072-012	MA-HEDIAGO	
	COS SECTION OF SECTION			
d gare box				
ARESTONE, NO.	218 H. POTONIC ST., HA	HOLD FEMDER, W.D.	MALLITY	
TO THE .	HOTELE CHE LETTO	AM1 2809 7391 .	.041	
	or a second of the second	LAN , M. OTERSTAE	N. Carlo	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

17080

CERTIFICATE OF DEATH

910									11 11 11
1. PLACE OF DEAT	н			2. USUAL RI	ESIDENC	E (Where de	eceesed lived, If	institution: Resid	dence before edmission
a. COUNTY Wa.s	nington		MARYLAND	Mary	land		b. COUN	shing t	inn
b. CITY OR TOWN	(if outside corporate limits		c. LENGTH OF STAY IN 15						ve neerest town)
write RURAL an	d give neerest town)		1						
			22 Mos.	d. STREET A		OWII			e. IS RESIDENCE
	ITAL OR INSTITUTION (if		#			11 = 12			ON A FARM?
	- NORSING H	ome-	HHG. md. R.7.03	Hamil	ton_	Hotel			YES NO
3. NAME OF DECEASED	First		Middle	Lest		4. DATE	Montl	D	Dey Year
(Type or print)	noc HF	5/- 4	1825	RITCHIE		DEATH	DEC	2	1965
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED 1 8	. DATE OF BIRTH		19	. AGE (In years		AR IF UNDER 24 HRS.
Female	White	WIDOWE		7-31-	1881		last birthday) 84 yrs.	Months Dey	rs Hours Min.
	TION (Give kind of work		ND OF BUSINESS OR INDUSTR		CE (County		foreign country)		OF WHAT COUNTRY
	orking life, even if retired 18e W1fe		Own Home	Porta	17011 t	hori	olk Co	• U	S.A.
13. FATHER'S NAME	rse wille		OMIT HOME	Ports:	MAIDEN N	NAME A ST			
	74774 TO	T			_		D		
ATTENDED TO THE PARTY OF THE PA	VILLIAM P.		SOCIAL SECURITY NO. 1 17	NFORMANT	Ti	aura	Davis		
	If yes give war or detes of se						2 Roes		ve
no	None		101	tune 0	dend	hal	Hagers	town . M	à.
	DEATH [Enter only one	ceuse per l	ne for (e), (b), end (c).]						ONSET AND DEATH
PART I. DEA	IMMEDIATE CAUSE (6)	ader	colbicinowa a	of reglation	lon u	with ge	in meter	Maska	unde.
1530	DUE TO				775			1000	
Conditions, if an									
gave rise to immed	liete cause				=100				
(a), stating the	underlying DUE TO							EXCE !	
cause lest.) (c)_	0115 501	TOURIST TO DE ATH BUT NO	T 001 4 700 TO 71	IC TERMINE	AL DISCASS	COMPINION CO	CALINI DART 1/-	1) 19. WAS AUTOPSY
PART II. OTHE CACHE) 20s. ACCIDENT W OR CONTRIBUTION OF EITHER, NOTIF	K SIGNIFICANT CONDIT	ION2 CON	TRIBUTING TO DEATH BUT NO	DI KELATED TO IF	TE TEKMIN	IAL DISEASE	CONDITION GIV	EN IN PAKI 1(0	PERFORMED?
3 CACHE	111111111111111111111111111111111111111	718 N	3						YES NO
20a. ACCIDENT V	AS UNDERLYING A	20b. DES	RIBE HOW INJURY OCCURED	. (Enter neture of	injury in P	ert I or Pert I	l of item 18.)		
(IF EITHER, NOTIF	MEDICAL EXAMINER								
3 20c. TIME OF INJ	URY Month, Day, Yee			CE OF INJURY (H			y or town)	(County)) (Stete)
20c. TIME OF INJ	19	While et wor		lory, street, office b	blag., etc.)				
Prim.			ded the deceased from.		- 1	10 1-	2.he	10/5	1 hat (1) (a) la
	sed alive on	Such	1.196.5, and that	death occurre	ed a 20.4%	P.M. from	h lhe causes	and on the	
22a. SIGNATURE	11 m.	1	1 1.	ATTENDING	s M	IED.	_ STAFF	0	22b. DATE SIGNE
(0	lovo 11	SPY	ryder NO N	.D. PHYS.		RECTOR [PHYS.	2 20	c65
22c. PHYSICIAN'S			/	22d. ADDR	11 11		. ~	1	
177012 (1770	CLOVIS M	. Sh	YDER, 14.0	106 1	10,00	TOMA	c 21. X	HAG ERS	TOWN, MY.
23a. BURIAL, CREMA		EOF	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOC	ATION (City, to		(State)
Buriel	Dec. 6,1	965	Park View	Cemeter	ry	Port	smouth	Wario.	lk Co.
24 FUNERAL DIRECTO			ADDRESS				TRAR 25b. RE		NATURE
		Fune	ral Home Ind		DEC	-	365 RC	harles	Judge
Harre	rstown, Md	- 4110	202		DAIL	11		-6	
praise a		-							

and completely ...led in by the funeral carbon-papers. Pages 1 and 2 should nt. within 72 hours after death. thin 24 hours aft death. Page 4 (1) be retained by the hospital or attending physician.

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11945 164 Tet parent of the troi TO THE RESIDENCE OF THE RESIDENCE OF THE PARTY OF THE PAR The state of the s MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	17081			CERTIFICAT	E OF DEATH	1		2	0463
1.	PLACE OF DEATH	Н			2. USUAL RESIDENCE a. STATE	CE (Where decea			ce before admission)
		Washing	ton	MARYLAND	Maryla			shingto	
	b. CITY OR TOW write RURAL	N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corpo	rate limits, wri	te RURAL and g	give nearest town)
	Hagers			1 day	* Hagerst	own, M	d. R #	3	
				spital, give street address)	d. STREET ADDRESS		AUT)		e. IS RESIDENCE ON A FARM?
-		on County			Beaver	Creek			YES NO X
3.	NAME OF DECEASED		rst	Middle	Last	4. DATE	Dec		0-
5.	(Type or print) SEX	Alfred 6. COLOR OR RACE	7 MADDIED I	NEVER MARRIED	obinson 8. DATE OF BIRTH	DEATH	GF (In years I	IF LINDER 1 YEA	R IF UNDER 24 HRS.
	Male	White	WIDOWED [ast birthday)	Months Days	Hours Min.
10a	LISUAL OCCUPAT	ION (Give kind of work	done 10h KII	ND OF BUSINESS OR	Apr. 12.1	896 ounty & State, or	69 yrs. foreign country)	12. CITIZEI	N OF WHAT
dur		Ing life, even If retire	d) IN	DUSTRY etired	Colliers	town R	ookrid	countre II.	
13.	FATHER'S NAM			001104	14. MOTHER'S MAIL	DEN NAME CH	v. Vs	as U.	S. A
	1	To record			No Re			DECEMBER OF	
	. WAS DECEASED	EVER IN U.S. ARMED FO		SOCIAL SECURITYNO. 17.	INFORMANT		RAddres	s3. Md.	
	no		22		rs. Mary H	I. Robi		Hagers	town
				ne for (a), (b), and (c).]	4.	+11	2	INT	TERVAL BETWEEN
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Co	ucinoma	it a	uabl	um		3-6700
	196	DUE	TO OI	in		201.0	Des las	6	
	Cenditions, If gave rise to	immediate /	(b)	valor Der	e noy	execu	uerce		
	cause (a), si underlying caus								
NO			(c) ONS CONTRIBUT	TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL I	DISEASE CONDI	TION GIVEN IN I	PART1(a) 19	
CAT								1	PERFORMED?
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING	20b. D	ESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f Injury In Part	I or Part II of	Item 18.)	
	(IF EITHER, NO	TIFY MEDICAL EXAMI	VER)						_
MEDICAL	20c. TIME OF Hour a.r	INJURY Month, Day,			ACE OF INJURY (Home, fa		ty or town)	(County)	(State)
MED	p.1		While at work			,			
	21. I certif	y that (I) (this hosp	oital) attende	d the deceased from		959, to_	Alla		that (I) (we) last
	saw the de	ceased alive on	12-1	2 19 65, and the	at death occurred at	o 2d Mylfolm	the causes	and on the da	
	ZZa. SIGNATU	1/7	49/	andon	D. ATTENDING D. PHYS.	MED.	STAFF	17	10-65
	22c. PHYSICIA		200	Celle M.	22d. ADDRESS	DIRECTOR L	PHYS.	10	10 23
	NAME (T	ype) K()B	LK	F. VEHUL	E N	aclu	Naw	n m	
23a	BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	3d. LOCA	TION (City, to	wn or county)	(State)
	Buria	1 12/12	/65	Crown Hill	Cemetery			re Cty	soffany
24			5 1 4 5 7	ADDRESS	25a. RE	C'D BY REGISTI	- 001	CONTANTS SHO	MATURE
A .	K. Co:	ffran Fun	eral H	one Inc. Hag	erstown	1 3 196	5 Ju	- rue	
				TAT C					

VR AI5 (4) 20M 1/65

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1. PLACE OF DEATH a. CDUNTY Washington MARYLAND		ash.
b. CITY DR TDWN (if outside corporate fimits, write RURAL and give nearest town) Hagerstown MARYLAND C. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL 3 Hagerstown	and give nearest town)
d. NAME DF HDSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Martin Manor Nursing Hame	25 Laurel	YES ND
	DGERS 4. DATE Month OF DEATH Dec.	Day Year 24 19 65
5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED E female white WIDDWED DIVDRCED	B. DATE DF BIRTH 9. AGE (In years IFUNDER last birthday) Months 81 yrs.	Days Hours Min.
10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS DR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN DF WHAT
housewife 13. FATHER'S NAME	Funkstown, Md.	
David C. Daub	Catherine Eakle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address	
no 173-03-0286	Harry Daub Hag., Md.	
PART I. DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic he	eart disease	DISET AND DEATH 7 MONTHS
conditions, If any, which DUE TD Conditions, If any, which (b) Arterioscleros		indefinite
gave rise to immediate cause (a), stating the underlying cause last. Co		7 months
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY DCCU OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Fell	JRRED. (Enter nature of Injury In Part I or Part II of item 1B.	
20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLAI	CE DF INJURY (Home, farm, 1907). (Clty or town) (Courty, street, office bldg., etc.) home Hagerstown.	inty) (State)
21. I certify that (I) (this hospital) attended the deceased from_7	7-11-65 , 19-20 Ato death , 19	, that (I) (we) last
saw the deceased alive on 12-10-6519, and that	t death occurred atM, from the causes and on the	he date stated above. ATE SIGNED
Mml. Mordon M.D	ATTENDING MED. STAFF	12-24-65
John C. Morton, M. D.	580 Northern Avenue, Ha	agerstown,
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETERY REMOVAL (Specify)		
burial 12-27-65 Rose Hill C 24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
Scott F. Minnich & Son Hagerstown	, Md. DEC 29 1965 Jelianle	Judge

VR AI5 (4) 20M 1/65

A. The String To The Control of the S-Mant and out are result to who produced a large of a retried best Distanting lotter directions, as other methodic THE PARTY OF THE P . Paragraf . Di . ne etu jo di la ratac co lili azol de Co-S-Si l'Airi d An open digity of amounts pay not be not mainted a literate the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 the funeral directar, 2 shauld be filed with may be retained by the hospital at attending physician. TO FUNERAL DIRA OR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, at removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17083 CERTIFICATE OF DEATH

Reg. Dist. No. 2046:

	Keg. Dist. No.
1. PLACE OF DEATH O. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MADDLE AND b. COUNTY SAA COLUMN AND SALES.
WADIIINGION	MARILAND WASHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL-PRO-1000) C. LENGTH OF STAY IN 15	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 10+ BROADWAY
d. NAME OF HOSPITAL (If not in haspitol, give street oddress) OR INSTITUTION WASHING TO N. Co. HOSPITAL	d. STREET ADDRESS, ATAGERS YOUN, M.D. e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
NAME OF DECEASED (Type or print) Sadie, Cotherine	Rodgers OF DECEMBER 18 19 65
SEX 7. MARRIED TNEVER MARRIED WIDOWED DIVORCED	14/29/1879 Sast birthday) Manths Days Haurs Min.
o. USUAL OCCUPATION (Give kind of work done during most of working life even if relired) HOME HOME	DUSTRY 11. BIRTHPLACE (State or foreign country) PENNSYLVANIA 12. CITIZEN OF WHAT COUNTRY U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DANIEL HELMAN	MARIAH R. SHULL
es, no, or unknown) (If yes, give wor or dates of service)	MR • FRANCIS RODGERS MD •
Canditians, if ony, which gave rise to immediate code (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO FIT NO F
	RRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while at wark 19 at wark 10 at	PLACE OF INJURY IHame, farm, factory, street, affice bldg., etc.) (City or tawn) (County) (State)
ACTUAL Philos Molemen	oth occurred ot 850 AM, from the couses and an the date stated above ADDRESS (Street, city or town, state) M.D. 159 W. WASHINGTON T. HABERSTUNN MD
NAME (Type) 20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	
FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	249, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

				A COLUMN
	TO THE WAY TO SERVE		The state of	7.50.71
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	978 *\25\f			
. A.G. B	AT My VAY SHOW AND ON A	Marie to remain and a		
2012	ALUNE STITEM			1.0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17084 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
We also and an	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits. 1 c. LENGTH OF STAY IN 1b	Maryland Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Hagerstown 3 Months	Rural Hagerstown Rfd. 1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	ON A FARM?
Western Maryland State Hospital	YES NO
3. NAME OF DECEASED (Type or print) Cakenca Howard	Pupy 4. DATE Month Day Year OF DEATH 12 -25 1925
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	11/26/86 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH LACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Farmer Farming	Washington Co., Md. U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Rudy	Alice Witmer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	
	s. Naomi R. Rudy, Rfd.1 Hagerstown, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARCUNOMA	of turn 4 mos.
1/2 V	
Conditions, If any, which)	
gave rise to Immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
[CA]	YES NO D
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELY 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
While - Not while -	ory, street, office bldg., etc.)
p.m. 19 at work at work	12/1/2016
21. I certify that (I) (this hospital) attended the deceased from	12-6, 19 47 to 12-20, 19 60, that (1) (we) last
saw the deceased alive on 12-25 1965, and tha	t death occurred at M; from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Millerd Treasure M.	O. PHYS. DIRECTOR DIRECTOR PHYS. 2 256
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) HRTURO XIEGO	1500 Tenner. Clue, Hagerston
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' REMOVAL (Soecify)	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 12- 28- 65 Beaver Creek	Cemetery Beaver Creek, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John H. Bast, Jr. 112 N. Main St. Boonsbo	pro Md DEC 30 1965 /Charles Judge.
Tour II. Dast, or. IIZ N. Main St. Boonsb	oro, Md. DATE

VR AI5 (4) 20M 1/65

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the state of the s				
.bl (farte townell vis	Greek Sante	reveal 1	0 -29 -SI	leine
	W crodened	. Win Bis.	1 Mil . 10 . ca	na del matot

Tage 4 may be recommented by the inspired of accounting progression and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

1.	PLACE OF DEAT					2. USUAL RESI a. STATE	DENCE (When	re deceased lived, If in b. COU		esidence befo	re admission)
		WASHINGTO		MARYL			MARYLA	ND	WAS	SHINGI	ON
	write RURAL	N (if outside corporate and give nearest town	e limits, n)	c. LENGTH OF STAY	IN 1b		N (If outside HAGERS	corporate limits, w FOWN	rite RURAL	and give no	earest town)
		SPITAL OR INSTITUTION	N (If not in he	ospital, give street ad	dress)	d. STREET ADDR	RESS				RESIDENCE
	DOA	WASHINGTON	COUNTY	HOSPITAL		HAMIL	TON HO	rel		YES	NO X
3.	NAME OF DECEASED (Type or print)	Fir		Middle		Last SMITH	D	ATE Mont		Day	Year 1965
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	-	B. DATE OF BIRTH	Н	I Q ACF (In years	LIFTINDER		
	FEMALE	WHITE	WIDOWED		\Box	NOV. 6, 1	1881	last birthday) 84 yrs.	Months	Days Ho	urs Min.
10a dur	. USUAL OCCUPATING MOST OF WORK HOUSEWI	TION (Give kind of work of ing life, even if retired LFE	lone 10b. K	IND OF BUSINESS OR IDUSTRY HOME				State, or foreign country MARYLANI	CO	TIZEN OF VUNTRY?	/HAT
13.	FATHER'S NAM	E			3.1	14. MOTHER'S					
		SCOTT ZEIG					KATE	MIDDLEKAUI	F		
15 (Ye	. WAS DECEASED	EVER IN U.S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT	2	Addre	SS		
<u>`</u>	NO		- 1	IONE		S. FRANK	BEAVER	- CENTERV	ILE,	MARYL	
		Immediate tating the DUE	(a) (b)		de			diserse			BETWEEN ND DEATH
CERTIFICATION		SIGNIFICANT CONDITIO		TING TO DEATH BUT NO						YES [S AUTOPSY FORMED?
CERT	OR CONTRIBUTI (IF EITHER, NO	ING CAUSE OF DEAT TIFY MEDICAL EXAMIN	H ER)	COOKIDE HOW INJOK		KKED. (EIKO) HOLA	ilo ot mjory	in rote rot rate in	or recin zon	,	
MEDICAL	20c. TIME OF Hour a.r p.i		ear 20d. II While at work	Not While	De. PLA facto	CE OF INJURY (Hor ry, street, office blo		Of. (City or town)	(Cou	nty)	(State)
		fy that (I) (this hosp						to 12/2			
		ceased alive on	10	19 19 65, ar	nd that	death occurred	at	l, from the causes			
3	22a. SIGNATU	John It.	Home	to had	M.D			OR PHYS.		27-65	
2	NAME (T		H. HORN	BAKER, M.D.		22d. ADDRES 154 W.		GTON ST.,	LAGERS	TOWN,	MD.
23a	BURIAL, CREM REMOVAL (SD BURIAL	MATION, 23b. DATE T		23c. NAME OF CER CORAOPOL			23d.	CORAOPOLIS			(State) ANIA
24	Hallson	ECTOR		ADDRESS ERSTOWN, M		25a.	AN 3	EGISTRAR 25b. F	Legistrar's	S SIGNATU	RE

VR AI5 (4) 20M 1/65

STATES NOTICEAR AND SEPTEMBER OF THE PARTY OF T 1982 4 TATHER OF THE PARTY OF THE PART PARIOR NAO THURSCHILL STAIL A SALL THE THOOS MARCHAN MILL TANK BLASS CENTRALISM SMOR Carry St. Committee of the Committee of TOTAL IN HOSE IN 160 IN entropy out 20,1964 on another developed contactors selected The Committee HANDELTONE MALLES TO THE STATE OF THE STATE 1

rage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

1 PHEION

MARYLAND STATE DEPARTMENT OF HEALTH
DJYKSLON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

20468

1. PLACE OF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)					
Washington MARYLAND	a. STATE b. COUNTY W	ashington					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)							
Sharpsburg Lifetime	Sharpsburg						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		e. IS RESIDENCE ON A FARM?					
200 E Main St.	/ Nc Comas Ave	YES NO W					
3. NAME OF DECEASED (Type or print) Mary Vinginia Wils		Day Year 10 19 65					
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	1 YEAR IFUNOER 24 HRS					
	Jan. 20 1879 86 yrs.	Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT					
Housewife Home		.S.A					
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	7.0					
Joshua Wilson	Mary Virginia Cronise						
15. WAS OECEASED EVER IN U.S. ARMEOFORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address						
(Tes, no, or unkown) (Tryes give war or dates of service)							
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	0 1	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: Hande way	orande of ant	ONSET AND DEATH					
4201 OUE TO S							
Conditions, If any, which \ (m) \ eneroling \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	anterojeleros s	years-					
gave rise to immediate (cause (a), stating the DUE TO							
underlying cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT REL 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO? YES NO THE					
200 ACCIDENT WAS INDEDIVING TO 1 200 DESCRIPE HOW INHIBY OCC	CURRED. (Enter nature of Injury In Part I or Part II of Item 18.						
20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCC OF IT FITHER, NOTIFY MEDICAL EXAMINER)	CITED HARLIS OF INJULY IN PART TO PARE IT OF ICOM 20.	'					
	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL fact p.m. 19 at work at work	tory, street, office bldg., etc.)						
21. I certify that (I) (this hospital) attended the deceased from	April , 1963 to Dec 10 , 196	that (I) (we) last					
saw the deceased alive on Dec 10 1965, and that	at death occurred at 12 2 M, from the causes and on the						
22a. SIGNATURE 22b. DATE SIGNED							
	.D. PHYS. DIRECTOR PHYS.	. 10, 00					
22c. PHYSICIAN'S NAME (Type) Josepho Secondari	Boonsboro, Md.						
23a. BURIAL, CREMATION, 226. OATE THEREOF 23c. NAME OF CEMETER		unty) (State)					
Buried (Specify) Dec. 12-65 Mt. View C							
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	SSIGNATURE					
Albert L. Leaf Villiansport Md.	DEC 1 3 1965 Icharla	- Lank					

VR A15 (4) 15M 4-64

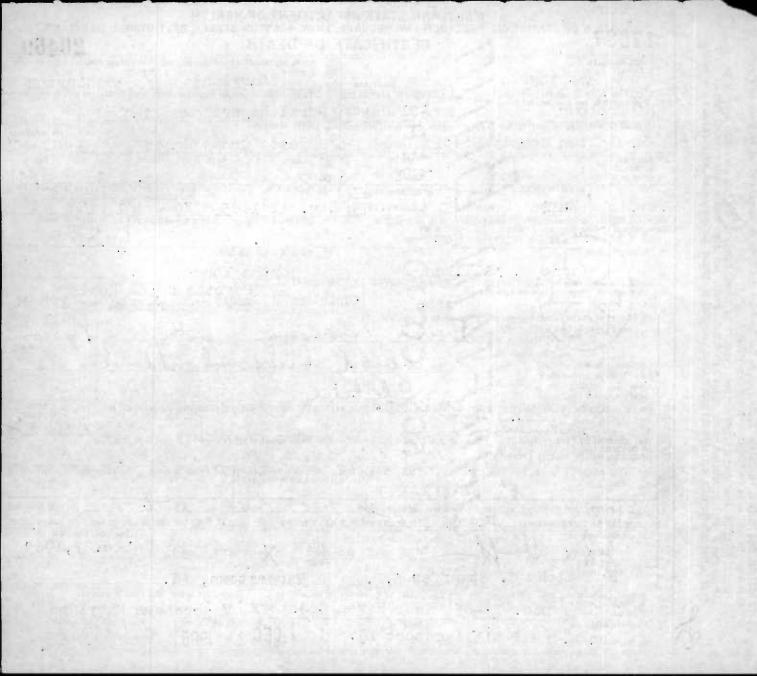
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciant and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	LTIMORE 1, MARYLAND
14084	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH	20469

1.	PLACE OF DEATH						ENCE (Where	deceased lived, If in		e before admission)
	a. COUNTY Washington MARYLAND				AND	a. STATE Maryland b. COUNTY Washington				
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	Hagerst	and give nearest tow	n)	21 da:	ys	X Rural F	lagers	town B	PD #2	
		PITAL OR INSTITUTIO	N (if not in hos			d. STREET ADDRE	-		10 11 10	e. IS RESIDENCE
	Washing	ton Count	ty Hosp	pital		Huyetts	cros	s Roads		ON A FARM? YES NO NO
3.	NAME DE	Fi	rst	Middle		Last	4. DAT	E Mont	h Day	Year
	(Type or print)	Anr		Bell	S	napp	DF DEA	TH Dec.	. 26	19 65
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ 8	DATE OF BIRTH		9. ACE (In years last birthday)		
F	emale	White	WIDOWED	DIVORCED		Nov. 11	1885	80 yrs.	Months Days	Hours Min.
10a	USUAL OCCUPAT	ION (Cive kind of work ng life, even if retire	done 10b. KIN	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE	(County & Sta	ate, or foreign country) 12. CITIZEN COUNTR	
	House	wife	Ho	ome		Pa			II.S.	Δ
13.	FATHER'S NAM	E				14. MOTHER'S M	IAIDEN NAME			
		Issac M.	Millik	ken		Bert	ha Yo	ung		
		VER IN U.S. ARMED FO (If yes give war or dates o		OCIAL SECURITYNO.	17.	INFDRMANT	Huve	tts Cros	ss Road	3
(10	No	(11 Jes give war or dates o		none	Ch	arles M	Snapp	0 - 0 - 0 - 0		RFD #2
	18. CAUSE OF	DEATH [Enter only on	e cause per lin	e for (a), (b), and (c)	.1				INT	ERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	in An	mian (250	cinama		th	I I	SET AND DEATH
	175	^		1 1		1		0 4	0	more
	Conditions, If	DUE any, which \		shoton	mil	sheeste	1 an	& alid	mel	
	gave rise to	Immediate ((b)	G2 V V CC 1 C	1	1		- /10000		
	cause (a), st underlying caus	ating the		li 7	tu	las			7	
No		ICNIFICANT CONDITION	(c) ONS CONTRIBUT	TING TO DEATH BUT NO	OT RELAT	ED TO THE TERMIN	AL DISEASE C	ONDITION CIVEN IN	PART 1(a) 19.	WAS AUTOPSY
ATI		0-1	1							PERFORMED?
IF (20a. ACCIDENT	WAS UNDERLYING	20b. DI	ESCRIBE HOW INJUR	Y OCCU	RRED. (Enter natur	e of injury in	Part I or Part II		
CERTIFICATION	OR CONTRIBUTI	NC CAUSE OF DEA	TH NER)							
MEDICAL		NJURY Month, Day,	Year 20d. IN	JURY OCCURRED 20		E OF INJURY (Home		. (City or town)	(County)	(State)
EDI	Hour a.n		While at work	Not While at work	ractor	y, street, office bidg	g., etc.)	Service 14		
2		y that (I) (this hos			om -	020	1964	to Locath	. 19 t	hat (I) (we) last
		ceased alive on				death occurred a				
	saw the deceased alive on									
	Jal	line Ata	11_		M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	Dec.27	,1965
	22c. PHYSICIA	N'S	10			22d. ADDRESS				
	NAME (T)	John C	. Stau	ffer M.D.		Hage	rstown	. Md.		
23a	. BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CE	METERY	OR CREMATORY	23d.	LOCATION (City, t	own or county)	(State)
B	REMOVAL (Spe	Dec.	29-65	Rest Ha	ven	Cemeter	у На	gerstown	n Maryla	and
24	. FUNERAL DIRE	CTOR		ADDRESS		(A) (A)	REC'D BY RE	CISTRAR 25b. R	ECISTRAR'S SICI	
V	Albert	L. Leaf	Jillia	amsport N	d.	DATE	636	1965 /	iarles Je	edge.

VR A15 (4) 20M 1/65



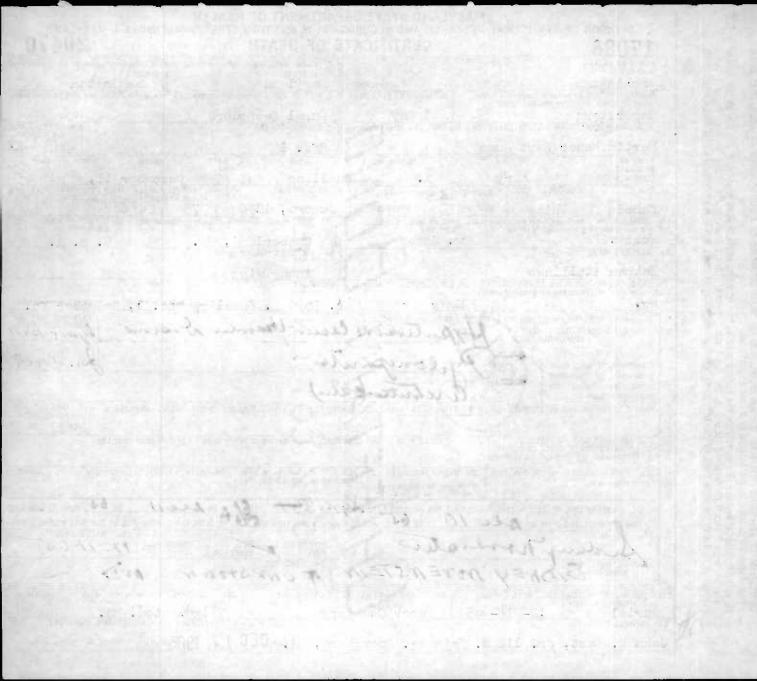
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17099 CERTIFICATE OF DEATH

A	E 8 87 C 2 C									100	my a	1/
4	PLACE OF DEAT	Н		-5/01/16:		2. USUAL RESIDENCE a. STATE	E (Where de	eased lived, If In:		esidence	before ad	mission)
A. Carrier	Washingt	on		MARYL	AND	Maryland			ashin	cton		
	b. CITY OR TOW	N (if outside corporate and give nearest town	e limits,	C. LENGTH OF STAY		c. CITY OR TOWN (If	outside cor				e neares	t town)
	Hagersto	Wn		1 Day		Rural Boon	sboro					
	d. NAME OF HO	SPITAL OR INSTITUTION	N (If not in h	ospital, give street ad	dress)	d. STREET ADDRESS				8.	IS RES	IDENCE
	Martin M	anor Rest H	ome	3		Rfd. 1				Y	ON A F	NO CO
3.	NAME OF	Fir	st	Middle		Last	4. DATE	Mont	h	Day	Yea	r
	DECEASED (Type or print)	Mar	У	К•	Sn	nelling	OF OEATH	Decemb	er 1	1,	19	65
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	1 8	. DATE OF BIRTH	9.	AGE (In years	IF UNDER	1 YEAR		
	Female	White	WIDOWED	OIVORCED		June 6, 189	0	last birthday)	Months	Days	Hours	Min.
10a	I. USUAL OCCUPAT	ION (Give kind of work ding life, even if retired	lone 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (Con	unty & State,	or foreign country		ITIZEN (
	Housewif			n Home		Cumberla	nd . Mc		II	. S.	A .	
13	FATHER'S NAM	IE .				14. MOTHER'S MAIDI			1. 0		43.0	
	Nathan S	tallings			33	Anna Twi	~~					
15		EVER IN U.S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT	<u> </u>	Addre	SS			
("	No •	(11 Jes give war or nates of		one	Mr	Boyd H. S	nellir	e Rfd.	l. Por	ansh	or M	1.
	18. CAUSE OF	OEATH [Enter only one	cause per l	ine for (a), (b), and (c)		. /		1		INTER	VAL BET	WEEN
U		EATH WAS CAUSED BY:	1 /	11.11.21		ander-Veese	Mur	Hisen	40	ONSE	T AND I	
	11110	IMMEDIATE CAUSE	(a) /	Sucres	, ,			-		10	11.0	461
	445	DUE	10/01			7				10	1	14
	Conditions, If		(b) 1/2	4 longs	hr	Up				June	1379	065
	gave rise to	Immediate (1)				7		
	cause (a), so underlying caus	tating the	(c) C	rebritto	-102	lis)						
S				ITING TO DEATH BUT NO	OTRELA	TED TO THE TERMINAL D	ISEASE CON	DITIONGIVENIN	PART 1(a)	119.	WAS AU	TOPSY
CERTIFICATION			-	7.11.4	O I II LEI					YE	PERFOR	MED?
E	20a, ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature of	Injury In Pa	art I or Part II o	of Item 18	1.)		
CER	OR CONTRIBUT	ING CAUSE OF DEAT TIFY MEDICAL EXAMIN	H IER)									
K .		INJURY Month, Day, Y	1	NJURY OCCURRED 2	No PI AC	E OF INJURY (Home, far	m 20f	(City or town)	(Co	unty)	19	State)
MEDICAL	Hour a.	m.	While at work	Not While	factor	y, street, office bldg., et		(01.) 01 10,		,		
Σ	p.:				- Sta	A 1 8 10	11.40	sie 11	10 6	ر کر th	at /1) (u	to) look
		fy that (I) (this hosp ceased alive on 🕰	E attend	1965 ar	nd that	death occurred at			and on t	he date	at (I) W	ahove
	22a. SIGNATU			13 2 , 01	iu tirat	death occorred ats	111, 111	Jili the caoses		ATE SIG		000101
	Lin	Lucy no	nen	etew	M.O.	ATTENDING PHYS.	TED.	STAFF PHYS.		-11-		
	22c. PHYSICIA	AN'S			- M.O.	1 22d ADDRESS			•			
	NAME (T	YPED / DYF	/ No	VENS/E	IN	FUNK	170 W	W	MD			
23		MATION, 23b. DATE T	HEREOF	23c. NAME OF CE	METERY	OR CREMATORY	23d. LC	CATION (City, t	own or co	unty)	(St	ate)
	REMOVAL (Sp Burial	12- 1	4- 65	Manor Ce	mete	ery		ghmantor				
	. FUNERAL DIRI			ADDRESS				STRAR 25b. R				
1	ohn H P	oct In 11	ON THE C	nin C. Poo	naha	TO ME DATE OF	1.17	1005	Elian	Par (udo.	2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please certification papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65



FOR STATE HEALTH DEPT.

O DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay coessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Tom PM3. Page 5 may be retained for your files. TO DEPUTY MED

pages 1 and 2 with the State Department in any event within 72 hours after death. permit. File p TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH 7 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	0.0411
PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Waskington MARYLA	Way Va. Morran
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Hagerstown 10 De	ays Berkelev Springs, 85%.3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	(ress) d. STREET ADDRESS e. IS RESIDENCE
Washington County Hospital	Route # 1 ON A FARM? YES NO See
3. NAME OF First Middle	Lest 14. DATE Month Day Year
DECEASED DON'T ON	of DEATH December 10 19 65
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
Male White WIDOWED DIVORCED	Mar. 1, 1938 27 yrs. 9 Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
State Bonle	Morgan County, W. Va. USA
Laborer State Fark 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ardell W. Spielman	Eunice Porter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	
(Yes, no, or unkown) (If yes give war or dates of service) 233-60-3126	perketey opgs. W.
P) 10).20	Mrs Patricia C. Spielman Ve.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e) Fibropurulent P	Peritonitis 9 days
8/63 DUE TO	
	num(contusion of jejunum)
gove 1150 to inimediate	Trust contemprers or Johnson
cause (a), stating the	
underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
E PARTITIONER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
Comminuted freetune of 1+ femun -	Johnlan manin hiletonal YES NO [
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 206. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 206. TIME OF INJURY Month, Dey, Year Hour Hour 1965 3:10 p.m. 12-1-1965 Head on collision While at work at work R	OCCURRED. (Enter hature of injury in Part 1 of Part 11 of Item 18.)
CAUSE OF DEATH.	with mick up tomak at mand interpretien
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20	with pick up truck at road intersection. e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
Hour While While	factory, street, office bldg., etc.)
3:10 p.m. 12-1- 1965 at work at work x R	# 522 South Berkley Springs W.Va.
21. I certify that I took charge of the remains described above	e, held an Autopsy x, Inspection , Inquiry , and in my opinion
death resulted from: Natural causes . Accident x.	Suicide . Homicide . Undetermined manner
2	CHIEF MEDICAL EXAMINER
ACTUAL A SOLX THE	22. DATE SIGNED
SIGNATURE VILLE DE PROPERTIES	M.D.
EXAMINER'S	DEPUTY MEDICAL EXAMINER 2 12-11-65
EXAMINER'S NAME (Type) Dr. E. W. Ditto, Jr.	Ad 235 (SWeet, Washington) S., Hagerstown, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM REMOVAL (Specify)	ETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL 12/13/1965 Mt. Oli	vet Berkeley Springs W. Va
24. FUNERAL DIRECTOR ADDRESS	252 REC'D BY REGISTRAR 2500 MEG ISTRAR 5 SAGNATURE
Comercia.	DEC 15 1965 Scharles Judge
Johnson Funeral Homes, Berkeley	Spgs. W.DATVa.

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	er a war and a war a				
A September	No. Leavest 1 0 30	devilo.d	3/1969 Homes, Per	legann n	1,jug sandet

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and In any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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DIVISION OF STATISTICAL RESEARCH AND RECORD	EPARTMENT OF HEALTH OS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TE OF DEATH 20472						
1. PLACE OF DEATH a. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Md. Washington						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address Washington County Hospital							
3. NAME OF DECEASED (Type or print) First Middle Mae	Stine 4. DATE Month Day Year Stine Dec. 30 1965						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female White WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Is birthday) Months Days Hours Min. 76 yrs.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Duties	Worleytown, Pa. 12. CITIZEN OF WHAT U.S.A.						
13. FATHER'S NAME Mordecai Hoover	14. MOTHER'S MAIDEN NAME Emma Rebuck						
(Yes, no, or unkown) (If yes give war or dates of service)	Mr. Wesley E. Stine, Hagerstown, Md.						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ntricular Fibrillation INTERVAL BETWEEN ONSET AND DEATH						
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) Myercarded (c) Curlered (c) Curlered	eleveler keart disease who						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCI OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CURRED. (Enter nature of injury in Part I or Part II of Item 18.)						
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)						
	at death occurred at 5:30M, from the causes and on the date stated above.						
22a. SIGNATURE Could M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 1-4-65							
22c. PHYSICIAN'S NAME (Type) Robert F. Keadle, M. B.	22d. ADDRESS Cagerstun Mer						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE REMOVAL (Specify) Burial 1/3/66 Green Hill 24. FUNERAL DIRECTOR ADDRESS	1 Waynesboro, Franklin Co., Pa.						
Walter y Live Waynesboro	201 1 0						

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

11036	OLKIII IOAI	M OI DEATH			30919
1. PLACE OF DEATH a, COUNTY		2. USUAL RESIDENC	E (Where deceased lived, If i	nstitution: Residen	ce before edmission)
Washington	MARYLAND	. STATE Marvla	b. COUN	Washin	aton
	c. LENGTH OF STAY IN 16		outside corporete limits, write		
Hagerstown Maryland	27 Yrs.	Hagersto	un Maryland		4
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospi	itel, give street eddress)	d. STREET ADDRESS			. IS RESIDENCE
409 Suman Ave		409 Sum			YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey	Yeer
(Type or print) Mary E]	Lizabeth	Strother	DEATH Dec	6	1965
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female Colored WIDOWED		pril 17 192	26 39 birthday) yrs.	Months Deys	Hours Min.
done during most of working life even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or foreign country)		F WHAT COUNTRY?
Housewife Owr	n home	Funkstown	Md.	USA,	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Charles Clark	54.25 gail (65)	Rosena	Caroll		
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. St (Yes, no, or unkown) (Ifyesgive werordetas of service)	OCIAL SECURITY NO. 17. II	NFORMANT	Address		
	none Ro	bert H. Sti	rother 409 S	Suman A	ve.
443X DUE TO anous	bral hemorrhage			ral 2	rerval between set and death to hours months
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	EN IN PART 1(a)	9. WAS AUTOPSY PERFORMED?
	Differ or links to				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONT OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	. (Enter nature of injury in l	Part I or Pert II of item 18.)		
20c. TIME OF INJURY Month, Day, Yeer 20d. IN While at work	Not While facto	CE OF INJURY (Home, farm, rry, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
21. 1 certify that (I) (this hospital) attended saw the deceased alive on Nov. 30					
22e. SIGNATURE	and mar o		Me Causes a	10 011 1110 001	22b. DATE
May Toymen	M.I	ATTENDING MI		12/7/69	SIGNED
NAME (Type) William T. Layma:	n, M.D.	22d. ADDRESS100 Hage	Professional erstown, Maryl	Arts Blo	lg.
REMOVAL (Specify)	23c. NAME OF CEMETERY O	Maria Maria	23d. LOCATION (City, tow		(Stete)
	Rose Hill Ce		Hagerstown		
24 FUNERAL DIRECTOR'S SIGNATURE WOLL R WATER OF HOOD	nature md	DEC	9 1965 REGISTRAR 256. REG	istrar's signa	TURE
The It wanted I would				U	

. Design of family . ave mone of the contract of the sale of Carrier Carrier 1 romer manes & consuct of referred carriers DESCRIPTION AND ADDRESS OF THE PERSON OF THE community or Incharacteran evidentagous The state of the s Mis Jam 100 Lystellit out 1 145 81ds. ANCASSING HERE AND AND

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) Washington b. COUNTY Frederick Maryland MARYLAND lay is necessary, 3 to the funeral Page 5 may be Department after death. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Hagerstown two days Frederick d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 408 Center Street State hours Washington County Hospital YES NO K 3. NAME OF First Middle Last DECEASED WILHELM THORESEN 19 65 CARL. December DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 hRS. last birthday) | Months | Deys | Hours | Min. 2 with within death. If a e Pages 1, 6. COLOR OR RACE | 7. MARRIED X | NEVER MARRIEO 8. OATE OF BIRTH form May 21, 1925 White Male WIDOWEO / OIVORCEO T event event 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT Give during most of working life, even if retired)
Fire Dept. Ft. Detrick, Md. Chicago, Illinois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wilhelm Thoresen Helga Anderson 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? EXAMINER: This certificate should be executed within 24 certificate, writing the word "pending" in pencil in It and be forwarded to the Chief Medical Examiner's Offi (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, Mrs. Helen B. Thoresen 408 Center St. Fred. Md. W.W. 11 336-18-8227 Yes INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND OEATH PART I. DEATH WAS CAUSED BY: Massive Hemorrhage lower Esophagus 4 625 Inforction Pous and Lower Conditions, if any, which rise to immediate cause (a), stating the Mid brain underlying cause last. used as to burial PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY CERTIFICATION PERFORMEO? YES X NO T the certificate, writing the should be forwarded to 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Pert I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should l Insury to head - Possibly due to Assult in Frederick, Md 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, | (State) 20f. (City or town) factory, street, office bldg., etc.) While at work at work Frederick Md Auret Home Page 21. I certify that I took charge of the remains described above, held an Autopsy (1), Inspection Inquiry 2. and in my opinion Undetermined manner Suicide Homicide death resulted from: Natural causes Accident . execute the r. Page 4 s d for your f CHIEF MEDICAL EXAMINER please execut director. Page retained for y EXAMINER'S FSW22 CVIDIHO III, ND, 217W Wholes to the total or county) 23c. NAME OF STREETER OR CHEMPADRY Z | 23d. LOCATION (City, town or county) BURIAL, CREMATION. 0 REMOVAL (Specify) 12-3-1965 Arlington National Cemetery Ft. Myer, Virginia Burial 25b. REGISTRAR'S SIGNATURE 25a. REC'O BY REGISTRAR AOORESS 24. FUNERAL DIRECTOR Frederick, Maryland DEC VR A15ME Robert E. Dailey and Son 3500 4-64

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FOR STATE HEALTH DEPT.

lay is necessary, I 3 to the funeral Page 5 may be Department after death. State hours and 2, an event with AL EXAMINER: This certificate should be executed within 24 hours after death. If a the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, I should be forwarded to the Chief Medical Examiner's Office along with form r files. ges 1 any pag File permit. I removal, burial-transit cremation, used as a l 3 should be a agent, prior t designated FUNERAL DIRECTOR: f Health or its design execute the r. Page 4 s d for your DEPUTY MEDIC please ex director. retained

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b, COUNTY Maryland Washington Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Life Rural Boonsboro Rural Boonsboro d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? Rfd. 2 NOY Rfd. 2 YES NAME OF First Middle Last 4. DATE Month Oay Year DECEASEO (Type or print) Veniah E. DEATH December 6, 19 65 Summers AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH 7. MARRIEO TO NEVER MARRIEO WIOOWED J OIVORCED [September 18,1902 Male White 10a. USUAL OCCUPATION (Give kind of work done | 10b, KINO OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INOUSTRY COUNTRY? U. S. A. Butcher & Bus Operator Food & Trans. Boonsboro, Md. 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Ezra D. Summers Gertie V. Houpt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Pauline C. Summers Boonsboro Rfd. 2, Md 218-24-2004 No . INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMEO? NO Z YES OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Oav. Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural causes Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE OFPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d. LOCATION (CHV. town or county) DATE THEREOF (State) 23b. 23c. REMOVAL (Specify) Boonsboro, Md Burial 12-8-Boonsboro Cemeter

REC'O BY REGISTRAR

VR A15ME 3500 4-64

of

24. FUNERAL OIRECTOR

John H. Bast, Jr. 112 N. Main S. Boonsboro Md

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

- 1									
	1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission). a. STATE b. COUNTY						
		WASHINGTON MARYLA	WARY LAND						
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	N 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
		HAGERSTOWN 17 DAYS	MT. SAVAGE, 6/Y-2						
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	ress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
		WESTERS MARYLAND HOSPITAL	FOUNDRY ROW YES NOXX						
	3.	NAME OF First Middle DECEASED (Type or print) ALICE IBENE	Last 4. DATE Month Day Year OF DEC 5 1965						
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
		FEMALE WHITE WIDOWED XX DIVORCED	5-10-1887 78 yrs. Months Days Hours Min.						
	10a dur	B. USUAL OCCUPATION (Cive kind of work done IDD. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
H		TAURANT WORK SELF-EMPLOYED	MARYLAND USA						
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
		DOUGLAS LOVE	MARY HOSTETTLER						
	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. es, no, or unkown) (If yes give war or dates of service)	17. INFORMANT Address						
	```	213-22-3568	REFORD UHL, MT. SAVAGE, MD.						
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY:								
		IMMEDIATE CAUSE (a)  1538  DUE TO  DUE TO							
		Conditions, If any, which (h) Car emonts of the colon of the							
		But 1100 to miniculate (							
		cause (a), stating the DUE TO underlying cause last.							
ш	NO								
	CAT	Maluntution	PERFORMED?						
0	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)						
	CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
7	CAL		e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)						
	MEDICAL	Hour a.m.  p.m.  19 While Not While at work	factory, street, office bldg., etc.)						
	2	21. I certify that (I) (this hospital) attended the deceased from	m 11-24 - 1965, to 12-5, 1965, that (1) (me) last						
Ħ		saw the dependence on 12 - 5 1965., and	d that death occurred at 1029M, from the causes and on the date stated above.						
		22a. SIGNAPURE	22b. DATE SIGNED						
		frew a Namuel	M.D. PHYS. DIRECTOR PHYS. 12-6-65						
		22c. PHYSICIAN'S NAME (Type) FIRE ALL & RANGE	22d. ADDRESS						
		MANUEL NO NO NOTIFICE	EZ 1500 PENNA AVE HAGERSTOWN						
	23a	REMOVAL (Specify)	ETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)						
)	24	BURIAL 112-9-65 ST. GEORGE	S CEMETERY MT. SAVAGE, MD.						
	24	FUNERAL DIRECTOR ADDRESS							
		JOSEPH R. DURST, SR., FROSTBURG,	MD. DEC 9 1965 Cliantes Judge						

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and 2 death. after death by the f Pages 1 urs after / filled in by papers. Pages 72 hours a hours within 72 24 within letely rbon and comple executed certificate the atten that the attending physician. has certificate be retained by the hospital PHYSICIAN: detached this

cremation,

attending physician are ermit. Then please re on, or removal, and in a been signed by t the burial-transit or to burial, crema as th prior for use Health of Dept. be de State After Id be d the DIRECTOR: / age 3 should filed with the 4 may Eg = O FUNERAL director, p

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Md. b. CDUNTY Washing ton Mont. MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b 30 days Hagerstown Germantown Rural d. NAME DF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? Western Md. State Hospital NDK YES NAME OF Middle Last DATE Month Year DECEASED MAMES WATKINS (Type or print) DEATH 1965 6. COLDR OR RACE AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS OATE DF BIRTH NEVER MARRIEO last birthday) Months Oays Hours WIODWED DIVORCEO 2-2-88 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS DR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INOUSTRY CDUNTRY? Barber Barber Cedar Grove. Md. USA 13. FATHER'S NAME MDTHER'S MAIOEN NAME James Willard Watkins Charlotte Williams 15. WAS OECEASEO EVER IN U.S. ARMEO FDRCES? 16. SDCIAL SECURITY ND. I 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mt. Airy, Md. Mrs. Harry E. Hahn None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH LOBULGE PNEUMONIA PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO CENERALIZED ARTERIOSCUERO Conditions, If any, which (b) gave rise to immediate OUE TO cause (a), stating underlying cause last, CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? MELITUS ND' YES 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY DCCURRED | 20e. PLACE DF INJURY (Home, farm. 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While - Not While at work at work p.m. 12-20-19 6 that (1) (we) last 21. I certify that (i) (this hospital) attended the deceased from. saw the deceased alive on. M. from the causes and on the date stated above. and that death occurred a 22a. SIGNATORE 22b. OATE SIGNED ATTENDING PHYS. 12-20-6 DIRECTOR S M.D. PHYSICIAN'S 22d. ADORESS

NAME OF CEMETERY DR CREMATDRY

24. FUNERAL DIRECTOR Francis H. Barber Laytonsville, Md.

23c.

alem

BURIAL, CREMATION, 23b. DATE THEREOF

REMOVAL (Specify)

Cedar Grove, Md. 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

LDCATION (City, town or county)

(State)

VR A15 (4) 2DM 1/65

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September 1.0. State Homoital

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DESCRIPTION OF MARKET CONTROL TO SEE

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and completely filled in by the funeral conor, carbon papers. Pages 1 and 2 any elent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	14404	CLIVIII ICATI	L OF DEATH		- US # i)
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENC a. STATE	E (Where deceased lived, If institution: R b. COUNTY	esidence before admission)
	Washington	MARYLAND	Marylan		
71		LENGTH OF STAY IN 1b	c. CITY DR TOWN (If	outside corporate limits, write RURAL	and give nearest town)
	Hagerstown R # 5	4 Yrs	Y Har	erstown R # 5	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi		d. STREET ADDRESS	0200000	e. IS RESIDENCE ON A FARM?
	Leitersburg		/ Leiters	burg	YES NOT
3.	NAME DF First DECEASED First	Middle	Last	4. DATE Month	Oay Year
	(Type or print) WILLIAM EI	DWARD WE	LCH	DEATH Dec 3 196	
5.	SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED 5	B. DATE OF BIRTH	9. AGE (In years   IF UNDER last birthday)   Months	
	Male White WIDOWED	OIVORCED	May 2 1924	it offerior	Oays Hours Min.
10a		OF BUSINESS OR	11. BIRTHPLACE (Co	unty & State, or foreign country)   12. C	ITIZEN OF WHAT
uui	Ing most of working life, even if retired) Shoe Repair Goods	Will	Security	Wash Co Md.	USA
13.	FATHER'S NAME		14. MOTHER'S MAID		
	Samuel K. Welch		Mary	E. Williams	
15.	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC s, no, or unkown)   (If yes give war or dates of service)	CIAL SECURITY NO.   17.	INFORMANT	Address	
		0-2953 Mrs	Bertha M.	. Clark Hagersto	wn R #5
1	18. CAUSE OF DEATH [Enter only one cause per line			sburg Md.	I INTERVAL BETWEEN
	PART I. OEATH WAS CAUSED BY:	(-), (-), (-),	^ /···		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	o wary	Occ 1051		Vandine!
	TIGN OUE TO BY	,	4	$\wedge$	2
	conditions, If any, which gave rise to immediate (b)	un tic	11691	Disease	3 4821
	cause (a), stating the DUE TO				(
	underlying cause last. (c)				
S O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELA	TEO TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
FICATION					PERFORMED?
_ 1	20a. ACCIDENT WAS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Part II of Item 18	
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
EOICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJU	RY OCCURRED   20e. PLA	CE OF INJURY (Home, fa		inty) (State)
<u>a</u>	Hour a.m. While	Not While   facto	ry, street, officebldg., et	(C.)	
Σ	p.m. 19 at work 21. I certify that (I) (this hospital) attended		7-1 10	63, to 12-3, 196	that (i) (we) last
	saw the deceased alive on 11-3	196 and that	death occurred at	M, from the causes and on t	
	22a. SIGNATINE	, and that		22b. D	ATE SIGNED
	Charles be Hen	M.D		MED. STAFF DIRECTOR PHYS. D	2-4-65
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	11 1 1/2 1	
	HOME (1)Po)		Sm.	The burg, md	t
23a		3c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or con	unty) (State)
B	urial 12-6-65 Ros	se will Cen	eterv	Hagerstown Wash	Co No
24	. FUNERAL DIRECTOR Hagerstown 1	MdADDRESS	25a. REC	D BY REGISTRAR 25b. REGISTRAR	
A	ndrew K. Coffman Funers	al Home Ind	DEC	7. 1965 Charles	Judge

VR A15 (4) 20M 1/65

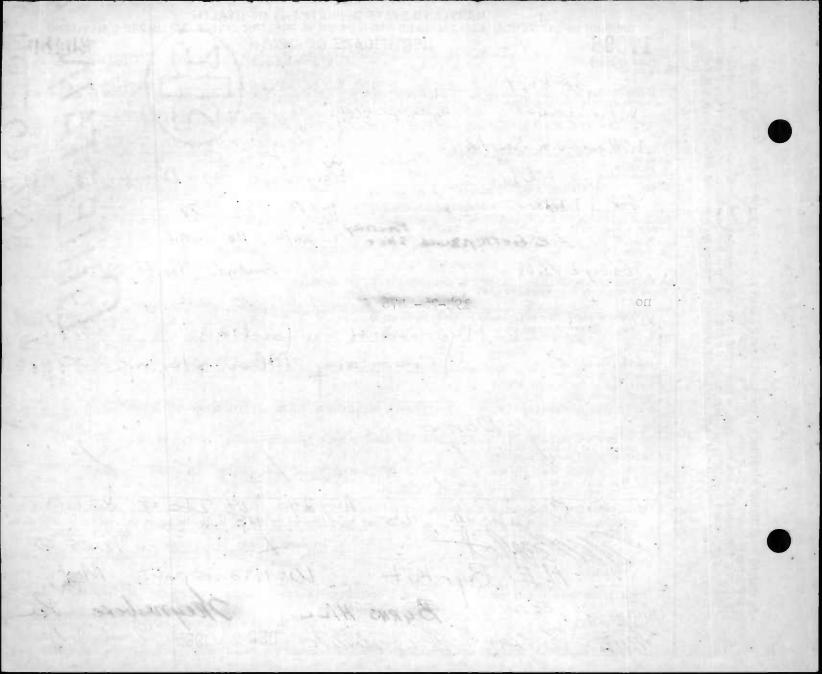
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please sendove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	14000 Ttem #7	CER ILFICAL	E UE /UEALH	60480
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If ins	
	a. COUNTY		a. STATE b. COUN	Accessive -
_	b. CITY OR TOWN (if outside corporate limits.	MARYLAND C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, wri	to PIPAL and give nearest town)
	write RURAL and give nearest town)	C. LENGIN OF STAT IN ID	C. OTT ON TOWN (II outside corporate limits, wi	TO NORME and give nearest town)
	Williamsport	Aug 24, 1964 - 12/25/	- RURAL HAGERS	TOWN
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Williamsport Sanatari	um	1 HAGGESTOWN RIG. 5	YES NO NO
3.	NAME OF First	Middle	Last 4. DATE Month	Day Year
	Type or print)	117. 3	Worde baugh DEATH DOCON	mber 25 1965
5.	SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED	R DATE OF RIRTH 19 AGE (In years I	IF UNDER 1 YEAR HE UNDER 24 HRS.
	2 111.1	MEASY MAKKIED	last birthday)	Months   Oays   Hours   Min.
10	WINDOWEO WIDOWEO		/ / / / yls.	L 12 CITIZEN OF WINAT
qui	. USUAL OCCUPATION (Give kind of work done lob. King most of working life, even If retired)	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
	HOUSE WIFE & GETTENS	(	Wolfsville, Md.	U.SA
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	George Parks		Amanda Dthill	Wolf
	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. s, no, or unkown)   (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT Addres	s
1,,,		11-26-6176 = 12	George Mills House 1	The Med.
-	18. CAUSE OF DEATH [Enter only one cause per l		the things in the	INTERVAL BETWEEN
	PART I. OFATH WAS CALISED BY:			ONSET AND DEATH
	IMMEDIATE CAUSE (a)	10 cardial	intorction	711-3
	4201 OUE TO	10	210	
	Conditions, If any, which (b)	(ovous	un Allieroschevos	315 20 4VS
	gave rise to Immediate	0		1
	underlying cause last.		U	
NO	(0)	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTDPSY
ATI	110	_		PERFORMED?
E	200 ACCIDENT WAS UNDEDIVING TO 1 2005	DESCRIPE HOW INHER OCCU	IRREO. (Enter nature of Injury In Part I or Part II o	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	INKEO. (Citter nature of injury in Part 1 of Part 11 o	1 (tell 10.)
		NJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. / While	facto	ry, street, office bldg., etc.)	
ΜE	p.m. 19 at wor	k at work		
	21. I certify that (II) Ithis hospital) attend	ed the deceased from H	ug ky , 1964, tolec 25	, 19 65, that (II) (we) last
	saw the deceased alive on Dec 16	1965, and that	death occurred at 2 M, from the causes	and on the date stated above.
	22a. SIGNATURE			22b. DATE SIGNED
1	/ ///// MANUNT	M.0	ATTENDING MEO. STAFF PHYS.	12-25-65
	22c. PHYSICIAN'S NAME (Type) M E R	m.o	22d, ADDRESS	11
	NAME (Type) ME, By	rKit	Williamsport	Md
23		23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, to	own or county) (State)
1	REMOVAL (Specify) 12/28/96	Kingus L	1: Mune	locks - Va
1-50	SURIAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAN   25b. RI	EGISTRAR'S SIGNATURE
1	Most 71 ll	4	6/	harles Judge
-	MULLE JAME	1/cel/nestoxe	DATEC 29 1965 FC	
	//			

VR AI5 (4) 20M 1/65



TO HOSPITAL. ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. Page 4 the be retained by the hospital or attending physician.

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VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 17099 CERTIFICATE OF DEATH 20481

1. PLACE OF DEATH  o. COUNTY Washington MARYLAND				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)  a. STATE Maryland b. COUNTY Washington					
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) Hagerstown				c. CITY OR TOW	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)  Hagerstown				
d. NAME OF HOSPITA			pital, give street eddress)	d. STREET ADDRI				ON	ESIDENCE A FARM?
3. NAME OF	First		Middle	Last	4. DATE	Montl	h Da	y Yee	г
(Type or print)	Sara	ah	F.	Wetherall	OF DEATH	Decembe	er 13	19	65
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9	. AGE (In years			R 24 HRS.
Female	White	WIDOWE		November 1,	1880	85 yrs.	Months Deys	Hours	Min.
1Da. USUAL OCCUPATION done during most of work Real Estate	king life, even if retire	1Db. K	IND OF BUSINESS OR INDU		ton, D.	_	U.S.		COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME				
John W	. Wetheral	1		Ella J.	Stanfor	d			
15. WAS DECEASED EVE			SOCIAL SECURITY NO. 17	. INFORMANT		Address			
(Yes, no, or unkown) (If	yes give wer or detes of s	ervice)		John H. Bowi	e 811	Rolling	Road H	agerst	own
Conditions, if any, geve rise to immedie (a), steling the un cause lest.  PART II. OTHER  OR CONTRIBUTIONS	derlying DUE TO  SIGNIFICANT CONDI  C C S S  S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	TIONS CON  2Db. DES  ar 20d. While	CRIBE HOW INJURY OCCU	IVE VESC	PAINAL DISEASE  y in Part I or Part I	-2/17 & condition Giv	، ع،	PERF	y.
21. I certify the saw the decease 22e. SIGNATURE	nat (I) (this hospi and alive on		ded the deceased fro	hat death occured a  M.D. ATTENDING PHYS.  22d. ADDRESS	MED. DIRECTOR [	STAFF PHYS.	and on the	date state	(we) last ed above b. DATE SIGNED
NAME (TYPE)  23a. BURIAL, CREMATIC	Lloyd A	REOF	offmen	RY OR CREMATORY	8 9 2 Y 5	town	wn or county)	]71	Stete)
REMOVAL (Specify)	12-15-6	5	Oak Hill C	emetery	Wash	nington	D.	C.	
24 FUNERAL DIRECTORS Wilhelm Fune		4308	ADDRESS Suitland Rd	Suitland Maryland	REC'D BY REGIS	STRAR 256 BE	EISTRANS SIGN	sidge.	

green and a second THE THE RESIDENCE OF THE PERSON OF LAND TO THE RESIDENCE OF THE PROPERTY AND THE PARTY AND THE PAR THE RESERVE OF THE PROPERTY OF THE PARTY OF A state of the second s THE REPORT OF THE PARTY OF THE TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, emove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_1710		CERTIFICAT	E OF DEATH			40482		
1. PLACE DF DEA a. CDUNTY	тн Washington	MARYLAND	2. USUAL RESIDENCE a. STATE	CE (Where deceased lived, 1 b. 0	COUNTY	sidence before admission		
b. CITY OR TO write RURA Hagers	WN (if outside corporate limits, L and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY DR TDWN (IF	outside corporate limits	s, write RURAL a	and give nearest town		
	OSPITAL OR INSTITUTION (if not in h			0 1111		e. IS RESIDENCE		
	gton County Hos	pital	4 Lomba	rd St.	-	YES NO		
3. NAME DF DECEASED (Type or print)	First THOMAS	Middle SCHLEIGH	WHITE, SR.	OF	onth ember	Day Year 31. 19 65		
5. SEX male	6. CDLOR OR RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED OIVORCED	8. DATE OF BIRTH June 20,	9. AGE (In ye last birtho	ears   IF UNDER 1 lay)   Months   C	YEAR IF UNDER 24 HRS Days Hours Min.		
10a. USUAL DCCUPA during most of wor	ATION (Give kind of work done   10b. K king life, even if retired)	IND OF BUSINESS OR NDUSTRY  rd of educa	11. BIRTHPLACE (C	ounty & State, or foreign contown, Md.	untry)   12. CIT	IZEN OF WHAT		
13. FATHER'S NAI	1.0		14. MOTHER'S MAIN					
	Frederick T. W	hite		Mary Gu	essfor	đ		
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?   16.	SDCIAL SECURITYND.   17.	INFORMANT	Ac	ddress			
yes		4-09-6347	Edna S. Wh	ite, Hager	stown.	Md.		
	F DEATH [Enter only one cause per I DEATH WAS CAUSEO BY:	ine for (a), (b), and (c).]	^	1		INTERVAL BETWEEN ONSET AND DEATH		
Cenditions, if gave rise to cause (a), underlying cau	stating the DUE TD	Typerteum	Occlus of CY B	Pisease		8 years		
-	SIGNIFICANT CONDITIONS CONTRIBU	ITING TO OEATH BUT NOT REL	ATED TO THE TERMINAL O	ISEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTDPSY PERFORMED? YES NO		
	T WAS UNDERLYING   20b. ( TING   CAUSE OF DEATH DTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URREO. (Enter nature of	Injury In Part I or Part	II of item 18.)			
Hour a.		Not While - fact	ACE OF INJURY (Home, fa ory, street, office bldg., e	erm, 20f. (City or town	n) (Coun	ty) (State)		
	21. I certify that (I) (this hospital) attended the deceased from 1-2, 1957, to 12-31, 1965, that (I) (we) last saw the deceased alive on 12-29, 1965, and that death occurred at M, from the causes and on the date stated above.							
22a. SIGNATO	228. SIGNATURE Course M.D. ATTENDING MED. STAFF 17-3-66							
22c. PHYSICI NAME (1		Conrad	22d. ADDRESS	gerstows	Shiriq			
23a. BURIAL, CRE REMDYAL (SI burial	MATION, 23b. DATE THEREDF 1-4-66	Rose Hill	Y OR CREMATORY Cemetery	Hagersto				
24. FUNERAL DIR	RECTOR	ADORESS		O'O BY REGISTRAR   25b.	. REGISTRAR'S	SIGNATURE		
Scott	F. Minnich & So	n, Hagersto	wn . Md . notAN	6 1966	Chiennesy	Judge		

VR AI5 (4) 20M 1/65

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	A STATE OF THE STA	vergers, all your	. iplings .	11005

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17101 CERTIFICATE OF DEATH

		20100				
PLACE OF DEATH     a. COUNTY	2. USUAL RESIOENCE (Where deceased lived, If institution: a, STATE b, COUNTY					
Washington MARYLANO	Maryland	Vashington				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURA	L and give nearest town)				
Hagerstown 58 yrs.	03 Hagerstown					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
Washington County Hospital	121 Nolocust Sto	YES NO 🔀				
3. NAME OF First Middle OECEASED	Last 4. OATE Month	Day Year				
(Type or print)  Anna May  5. SEX   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED	Whitner   OEATH December  8. DATE OF BIRTH   19. AGE (In years   1 FUNOE	2/ 19 65 R 1 YEAR   IF UNOER 24 HRS.				
9emale White Widoweo Divorced	8. DATE OF BIRTH  May 31, 1906  9. AGE (In years list birthday)  59 yrs.					
1Da. USUAL OCCUPATION (Give kind of work done   1Db. KINO OF BUSINESS OR during most of working life, even if retired)   INOUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12.	CITIZEN OF WHAT				
Seamstress Gurniture Mfg.		OUNTRY? USA				
13. FATHER'S NAME	New York City 14. MOTHER'S MAIDEN NAME	Ve) I				
Thomas J. Gallager	Eva Morgan					
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFDRMANT Address dags	eratown Md				
(Yes, no, or unknown) (If yes give war or dates of service) 214-09-4546	INFORMANT Address Hag s. Eva. Beitler 121 E. Franklin	St				
18. CAUSE OF OEATH [Enter only one cause per lipe for (a), (b), and (c).]		INTERVAL BETWEEN				
PART I, OEATH WAS CAUSED BY:		ONSET AND DEATH				
IMMEDIATE CAUSE (a) COLORISTA						
Conditions, if any, which the To	of strangely	3mo				
gave rise to immediate	, it is made					
underlying course look	V					
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	) 19. WAS AUTOPSY				
ITEC		PERFORMED? YES NO				
20a. ACCIDENT WAS UNDERLYING [7]   20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I or Part II of Item 1					
GI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
2Dc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLA facto   4 mile   2Dd. PLA facto   2Dd	CE OF INJURY (Home, farm, 20f. (City or town) (Copy, street, office bidg., etc.)	ounty) (State)				
Hour a.m. While Not While p.m. 19 at work at work	ny, attect, office blogs, etc.)					
21. I certify that (I) (this hospital) attended the deceased from	9:-7 1965 to death 19	, that (I) (we) last				
saw the deceased alive on 12 - 7-0 a 19 6  and that	t death occurred at 155 M from the causes and on					
22a. SIGNATURE		DATE SIGNEO				
Kt Keadle M.C	D. PHYS. DIRECTOR PHYS.	221-65				
22c. PHYSICIAN'S NAME (Type) Poly + E/O 1/1	22d. ADDRESS	VA I				
RAME (Type) Robert F. Readie	2 Hageritain	v Ira				
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	Y OR CREMATORY 234 LOCATION (City, town or c	ounty) (State)				
REMOVAL (Specify) Rurial 12/23/65 Rest Haven	Cemetery Hagerstown	Md.				
24. FUNERAL DIRECTOR Was Constant ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRA	R'S SJGNATURE				
Rest Haven Juneral Chapel Hagerstown, Mc	d. DEC 27 1965 Illiand	Judge				

VR A15 (4) 15M 4-64

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please end earbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20M 5-63

#### MARYLAND STATE DEPARTMENT OF HEALTH

MIARIE	LAND STATE DEFARIMENT OF HEALTH	
DIVISION OF STATISTICAL RESEAR	RCH AND RECORDS, 301 W. PRESTON STREET, BALT	IMORE 1, MARYLAND
17102	CERTIFICATE OF DEATH	901484

100									
1	PLACE OF DEATH     COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission)							
	Washington MARYLAND	e. STATE  b. COUNTY							
-	b. CITY OR TOWN (if outside corporate limits.	Maryland Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)							
	Hagers town Md. 43 yrs	3 Hagerstown Maryland							
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS   e. IS RESIDENCE							
/	Washington County Hospital	655 Forrest Dr. ON A FARM?							
′ 6	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer							
	(Type or print) Kenneth Hall W	illiams Dec 10 19 65							
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     B.	DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.							
		pril 26 1901 64 yrs. Months Deys Hours Min.							
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	Y 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	Railroad	Fort Frederick, Md. USA.							
9	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Charles A. Williams	Bertha Hall							
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewerordelesofservice)	NFORMANT Address							
	no 214-09-7290 1	Mrs. Elva H. Williams 655 Forrest Dr							
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH							
1	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (6) COLO NOZ O CE CUICOZ  ONE DE COLO NOZ AND DEATH								
	7 7 7 1								
1	Conditions, if eny, which ) Azterio sclertie heart of 1244 year								
	geve rise to immediate cause (e), stating the underlying  DUE TO								
	cause lest. (c)								
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY							
	Hypertanein. Ch.	Hypertenin, Chronic nothick, YES NO N							
9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING   CAUSE OF DEATH   CAUSE OF DEATH   CIFE THERE, NOTIFY MEDICAL EXAMINER	D. (Enter neture of injury in Part I or Pert II of item 18.)							
- 1									
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)							
1	Hour e.m.  p.m.  19  While Not While et work et work								
	21. I certify that (I) (this hospital) attended the deceased from July 1967, to Dec. 10., 1967, that (I) (we) last								
	saw the deceased alive on Dic 13 1965, and that death occurred al 75 M, from the causes and on the date stated above.								
	22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE							
	alden Strockende M.	D. PHYS. DIRECTOR PHYS. 14/1/6-							
	22c. PHYSICIAN'S Fleen & Horchlenk,	22d. ADDRESS							
		Maguzitim, bel							
1	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY ( REMOVAL (Specify)	Total a							
	Burial   Dec 14 1965 Rose Hill C	emetery Hagerstown Md.							
3	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE							
9	John R Watson Jr. Hagerstown Ma	( Dt. 16 1965   flories Juste							

to the state of th 6. THE STREET STREET STREET, STRE THE RESIDENCE OF THE PARTY OF T the ward and the Market of the Control of the Contr THE PROPERTY OF THE PARTY OF THE PARTY OF Tallow Tould be the small CENT agon Gold by Side ! Theorem 1 and the state of the

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

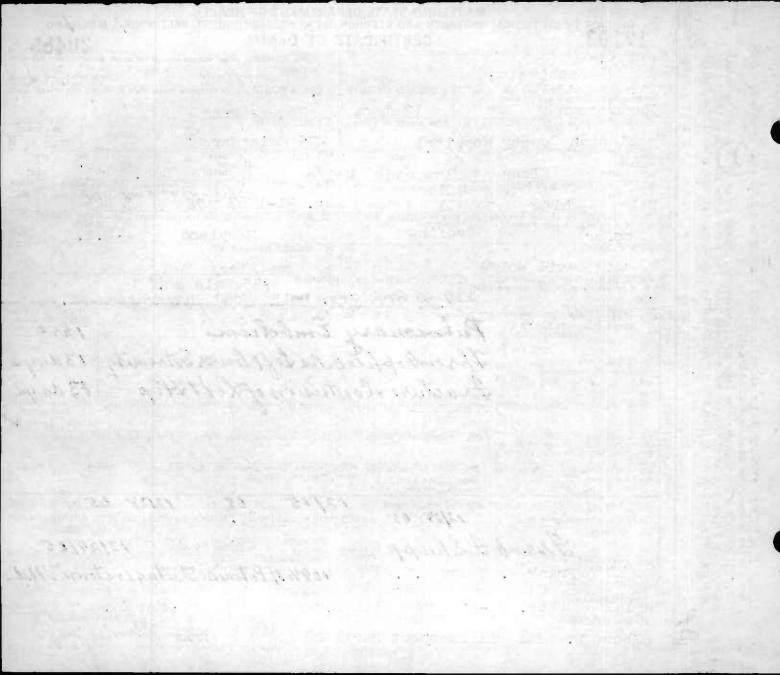
1110	3		CERTIFICA	TE OF DEATH	1		21	1485
1. PLACE OF DEA				2. USUAL RESIDEN	CE (Where deceased		tion: Residence	e before admission
u. 000	Washingt	on	MARYLAND	a. STATE Ma	ryland	b. COUNTY	Washi	neton
b. CITY OR TO	WN (if outside corpora L and give nearest tow	te limits,	C. LENGTH OF STAY IN 1	b c. CITY OR TOWN (If	f outside corporat	a limits, write	RURAL and gl	ve nearest town)
Hagers		'''')	13 days	13 Hagers	stown			
d. NAME OF HO	OSPITAL OR INSTITUTIO	ON (if not In h	ospital, give street addres	s) d. STREET ADDRESS	300011			e. IS RESIDENCE ON A FARM?
Washing	ton Count	v Hosp	ital	735 Dale	Street			YES NO
3. NAME OF		rst	Middle	Last	4. DATE	Month	Day	Year
(Type or print)	Elme	e E	lsworth	Wolfe	OF DEATH	Dec.	28	1965
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years   IF t birthday) Mo	UNDER 1 YEAR	IFUNDER 24 HRS
Male	White	WIDOWED	DIVORCED	Aug. 31-18	887 78	yrs. Mo	untus Days	Hours Min.
Da. USUAL OCCUPA	ATION (Give kind of work king life, even If retire	done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (C	County & State, or for	reign country)	12. CITIZEN COUNTRY	
Roofe		Ro	ofing	1	Maryland		U.S.	
13. FATHER'S NA	ME			14. MOTHER'S MAII	DEN NAME		1) 11	
	David Wo	lfe		Emma 1	Flora			
	EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.   1	7. INFORMANT 73	5 Dale	Staddress	O Park	
NO	(11 Jes file wat or dates t	22	0 50 6794 1	Irs. Della	E.	agerst	own Mo	3
1 18. CAUSE DE	F DEATH [Enter only on	e cause per l	ine for (a), (b), and (c).]			V	INTE	ERVAL BETWEEN
PART I. I	DEATH WAS CAUSED BY IMMEDIATE CAUSE	Par	luce over ax	1 Emboli	LIMI -		UNS	LAND DEATH
906	4 9 DUE							
Conditions, If	/	(b) The	rougate &	Bitis Left	Vouves 8	VILLEWI	Tu 1	3 days.
gave rise to	Ditte	TO A	De Reits OF FEE		A 1	4.	1.	
cause (a), underlying cau	stating the	(c) Ih	acture + Co	utusion o	Paelt	this	1	3 days
PART II. OTHER	SIGNIFICANTCONDITI	ONS CONTRIBL	ITING TO DEATH BUT NOT R	LATED TO THE TERMINA	DISEASE CONDITIO	N GIVEN IN PAR	RT 1(a)   19.	WAS AUTOPSY PERFORMED?
CAT				V - AND M			- YI	ES NO
PART II. OTHER  DATE OF CONTRIBUTION OF CONTRI	T WAS UNDERLYING	20b. I	DESCRIBE HOW INJURY OF	CURRED. (Enter nature o	of Injury In Part I	or Part II of It	em 18.)	
OR CONTRIBU	TING CAUSE OF DEA	NER)						
	INJURY Month, Day,	1	NJURY OCCURRED   2De. F	LACE OF INJURY (Home, f	arm, 2Df. (City	or town)	(County)	(State)
2Dc. TIME OF Hour a		While	Mot while	ctory, street, office bldg.,	etc.)			
	o.m. 19	at work		12/15 1	19 <b>65</b> , tp	17/78	1065	hat (I) (we)*las
	eceased alive on		ed the deceased from_ <b>3/27</b> 19 <b>65</b> , and t					
22a. SIGNAT			anu t	nat death becurred at	E E MI, IIVIII II		2b. DATE SI	
	Thom	p 7.1	Lund.	M.D. PHYS.	MED.	TAFF DHYS.	12/29	165
22c. PHYSIC		71 0 4	nupp	22d. ADDRESS	DIRECTOR P	n13	7/2/	
NAME (	Type) Frank F	. Shur	op M.D.	1091277. 8	Tomacsi	Hase	satow	n IHd
23a. BURIAL, CRE	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMET	ERY OR CREMATORY	,,	ON (City, town	or county)	(State)
Burial (S	pecify) Dec.	31-65	Rose Hill	Cemetery	Hagers	stown I	Id.	
24. FUNERAL DIF			ADDRESS		C'D BY REGISTRAL	R   25b. REGIS		NATURE
Albert	t. L. Leaf	Willia	amsport Mar	yland MAN	V 3 1960	3 your	reles &	udge

1/65 A15

Leaf

Albert

Williamsport



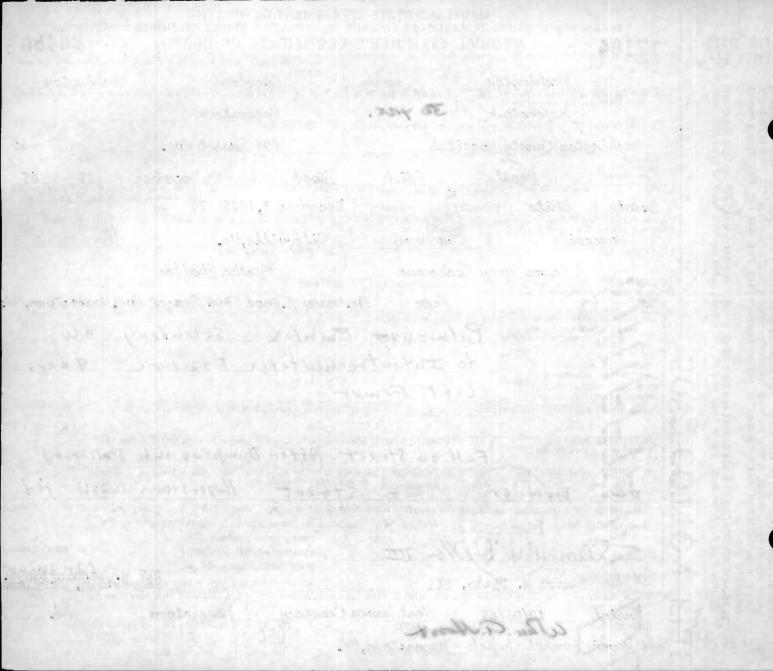
# FOR STATE HEALTH DEPT.

O DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. State Department hours after death. the 772 h TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and of Health or its designated agent, prior to burial, cremation, or removal, and in any event TO DEPUTY MEDI

> VR AISME (5) 5M 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10103	MEDIC	AL ENAMINATIO	OLIVIII IOAIL	OI DEATH	20300
1. PLACE OF DEAT	H			(Where deceased lived, If institu	
	Washington	MARYLAND	a. STATE Maru	iland b. COUNTY	Washington
b. CITY OR TOW	VN (If outside corporete limits end give nearest town)	, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write	RURAL and give nearest tow
WILL KOKA	Hagerstown	30 yes,	103 Hage	erstown	
d. NAME OF HO	SPITAL OR INSTITUTION (if no	In hospital, give street address	d. STREET ADDRESS		e. IS RESIDENC
Washi	ngton County Ho	anital.	606	Sunset Ave.	YES NO D
3. NAME OF	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	Pearl.	Edith	Wood	DEATH December	23 19 65
5. SEX	1 00.00	RIED NEVER MARRIED	8. DATE OF BIRTH	19. AGE (In years LE	UNDER 1 YEAR HEUNDER 24 H
Temale	full o e	WED DIVORCED	December 3,1	1886 79 yrs.	onths Days Hours Mir
10a. USUAL OCCUPA	TION (Give kind of work done   1	Ob. KIND OF BUSINESS OR		ate or foreign country)	12. CITIZEN OF WHAT
double most of world	sewife (see a life retired)	Own Home	Pilowill	2/10	COUNTRY?
13. FATHER'S NAM		CWI NOME	Rileyville	N NAME	Cent
	Isaac Henry	Gochenous	Ma	rtha Shaffer	
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17.	INFORMANT	Address	*
(Yes, no, or unkown)	(If yes give war or dates of service)	None Mr	Harry P Who	d 606 Sunset A	no Hagerstown
	DEATH [Enter only one cause		2,10000	000 8000	I INTERVAL BETWEEN
	EATH WAS CAUSED BY:	Pulmonza	Eubolus	- Cocandan	ONSET AND DEATH
903	MMEDIATE CAUSE (a)	urabuty	1-ca poras	- 32 600 870	7 200
Conditions, If	any, which \	to Tutenta	ochenteris	Ezzekune	9 1 2.15
gave rise to	Immediate (		SCOTEN TA L'Y		
cause (a), s	na last	Left Femu	1		
	/ (0/	TRIBUTING TO DEATH BUT NOT REL	LATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PA	RT1(a) 19. WAS AUTOPS
AATI					PERFORMED?
PART II. OTHER  20a. EXTERNA PRIMARY 10 OF DEA	AL CAUSE WAS   20	b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I or Part II of I	
PRIMARY OF DEA	ACRITO IDIITING C	Ell on Street	t- After Z	Bumping wife	PRSSIDEBY
	The state of the s	Od. INJURY OCCURRED   20e. PL			(County) (State)
20c. TIME OF		While Not While fact	tory, street, office bldg., etc	Hagerstown	wash Md
		remains described above, h		Inspection, Inquiry	
death resul	ted from: Natural causes	Accident , S	uicide [], Homicid		latitlet [_]
ACTUAL	20 O W. E.	1000	M.D. ASSISTANT MED		22. DATE SIGNE
SIGNATURE	central a la la	1110-111		L EXAMINER	12-201
EXAMINER'S NAME (Type)	Edward W. Ditt	O TIT		city, town, or county) Hare	W. Washington
23a. BURIAL, CREI				23d. LOCATION (City, town	
REMOVAL (SI	ecify)	Rest Haven		Hagerstown	Md
24. FUNERAL DIR		ADDRESS	25a. REC		ISTRAR'S SIGNATURE
Rest Hone	n Funeral Chape		Id. DEC	28 1965 gelle	wells Judge
LICANO MANOR	in Tennormo Cimbo	1 Marchall Miles	I DUIL	0	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17105 CERTIFICATE OF DEATH

And I	1. PLACE OF DEATH a. CDUNTY WASHINGTON	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND b. CDUNTY WASHINGTON				
	b. CITY DR TDWN (if outside corporate limits, write RURAL and give pearest town)  1. CLENGTH OF STA  1. C. LENGTH	IN 1b c. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)				
/	d. NAME DF HDSPITAL DR INSTITUTION (if not in hospital, give street a WASHINGTON COUNTY HOSPITAL	d. street address  1108 ORCHARD HILLS PKWY.  0. IS RESIDENCE ON A FARM2. YES ND A				
1	3. NAME DF First MIddle ROSE MARY PATRIC (Type or print)	DEATH 19				
	5. SEX   6. COLOR DR RACE   7. MARRIED X NEVER MARRIE  FEMALE   WHITE   WIDDWED   DIVORCE	2 / 17 / 1 OOL   MONTHS   Days   Hours   Min.				
	10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) BRIDAL CONSULTANT LADIES AF					
	13. FATHER'S NAME MICHAEL P. GIORDANO	14. MOTHER'S MAIDEN NAME MARY COREALO				
	15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give war or dates of service) 139-12-5063 MR. WALTER W. WRAGA					
	18. CAUSE DF DEATH [Enter only one cause per lip for (a), (b), and ( PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	INTERVAL BETWEEN ONET AND DEATH STAND DEATH				
	Cenditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b)	OTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI(a)   19. WAS AUTDPSY				
3	Severalized Wetasto.	PERFORMED?  POUR PLEASE CONDITION GIVEN IN PART 13 13 PERFORMED?  PROCCURRED. (Enter nature of injury in Part 1 or Part 11 of from 18 7 7				
_		De. PLACE DF INJURY (Home, farm, factory, street, office bidg., etc.)  (County) (State)				
	21. Jertify that (I) (this hospital) attended the deceased saw the deceased alive on 19 05, 223. SIGNATURE	nd that death occurred a 220 M, from the causes and on the date stated above.				
1	PACE PHYSICIAN'S RICHARD T. BINTORD	M.D. ATTENDING MED. DIRECTOR STAFF 17/3/CS  22d. ADDRESS  1/35 POTZYHK AVE, MECKSTOWN,				
	BURIAL 12/4/65 REST H	AVEN CEM.   23d. LOCATION (City, town or county) (State)  HAGERSTOWN MD.				
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				

	MANUAL TO THE STATE OF THE STAT	THE OWNER OF THE PARTY
	MNOTABLEDAN	THE ELDOWNER THE
	MATERIAL PROPERTY OF A TERM	Employ of Landing Park
AES   E REMARKS	ADAMI JUNEAU S	MAN COR . 1
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	THE DATE OF THE PARTY OF THE PARTY.	Turidaeto laties
	DALAPROD MINN	MICHELOT & SECURITY
	189-12-3083Ne. Texame W. William	
	answerphuly	
	SALES BATTERS	
. 0.	Kantung	30.545 12/4/6

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 17106 DINELL

	- 1700			
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)			
WASHINGTON MARYLAND	MARYLAND b. COUNTY WASHINGTON			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
HAGERSTOWN 1 DAY	e3 HAGERSTOWN			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	/ d. STREET ADDRESS   e. IS RESIDENCE			
WASHINGTON COUNTY HOSPITAL	330 MITCHELL AVENUE AL YES NO X			
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year			
(Type or print) HELEN LOUISE	ZEGER DECEMBER 1 1965			
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.			
Therefore the second se	SEPT. 15.1910   last birthday)   Months   Days   Hours   Min.			
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR				
done during most of working life, even if retired) HOMEMAKER OWN HOME	WASHINGTON CO. MARYLAND U.S.A.			
13. FATHER'S NAME	WASHINGTON CO., MARYLAND U.S.A.			
WILLIAM N. BARRON	CHARLOTTE MAY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	NFORMANT HAGERSTOWN, MD.			
NO NONE F	ROY M. ZEGER 330 MITCHELL AVE.			
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:	TO I LE ONSET AND DEATH			
4222 DUE TO	in the			
Conditions, if any, which \ (b) My a could be	hours i was il			
gave rise to immediate cause	and it the stone			
(a), stating the underlying Sucretary (c)	on -			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELAND TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY			
Develop de	PERFORMED? YES NO X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURRED  OR CONTRIBUTING 1 CAUSE OF DEATH  III FIFTHER, NOTIFY MEDICAL EXAMINER	D. (Enter nature of injury In Pert I or Pert II of item 18.)			
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)			
Hour a.m. While Not While st work at work	pry, street, office bldg., etc.)			
21. I certify that (I) (this hospital) attended the deceased from	0 1903 to 0 CC 1901 that (I) (we) last			
	death occurred atM, from the causes and on the date stated above.			
22a. SIGNALURE	22b. DATE			
Zans Bull	ATTENDING MED. STAFF			
22e. PHYSICIAN'S	22d. ADDRESS			
LOUIS G. GRAFF M.D.	580 NORTHERN AVENUE HAGERSTOWN, MD.			
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY C				
BURIAL DEC. 4.1965 ROSE HILL CEM	ETERY HAGERSTOWN. MARYLAND			
24 EUNERAL PIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE			
Charles on Kourge HAGERSTOWN. MARY	LAND DEC 6 1965 Charles Judge			
	The state of the s			

WOTERCAN TAG I ASIGNATION COURTY ROSETIATION (2004) AND MITCHELL AVONUS: 1 FROM SET OFFICE WHICH SET, 15,1910 SS TO SEE DISK NO. E WATER MARKETON CO. . MARRIAGE . . . O. M. C. . . WILLIAM N. BERRON ... DER TO THE STREET OF SEC. AND THE SECRETION, DEL. - MONE TO NOT RECORD 230 MT CHECK A SECOND PART, ST. ORD - TO THE STREET OF THE STREET OF THE STREET LOUIS O. WEART H.D. STONE TO THERE AVENUE , HALLSHETOVIN, MI. TALL TROP TOSE HOSE HILL CENTRAL TARRESTORS. MARKETONE. A SE DE LA HARRISTONI, MARTINED DES 1965 EX-RA LINE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending of sician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 8

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17107 CERTIFICATE OF DEATH

1. PLACE DF DEATH			tution: Residence before admission)			
a. COUNTY Washington MARYLAND	a. STATE Maryland b. COUNTY Washington					
b. CITY OR TOWN (If outside corporate limits.   c. LENGTH OF STAY IN 1b		The second second	e RURAL and give nearest town)			
write RURAL and give nearest town) Hagerstown 2 days	x William					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IDDOL 0	e. IS RESIDENCE			
Washington County Hospital	207 S. C	conococheague	ON A FARM?			
3. NAME DF First Middle	Last	4. DATE Month	Day Year			
OECEASED (Type or print) Mabel Devonah Zimm	nerman	OF DEATH Dec.	8 19 65			
	8. DATE DF BIRTH	9. AGE (In years III last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS.			
Female White WIDOWED OIYORCED	Aug. 1 190	3 62 yrs.	Months Oays Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Roller Up Ribbon Co.	Williams	port Md.	U.S.A			
13. FATHER'S NAME	14. MOTHER'S MAID	EN NAME				
Otho Cottribl	Ressia	Lindsay				
	INFORMANT 20	7 S. Conococ	neague St.			
No (11 yes give war or dates of service) 216 05 6301 M:	r. William	Zimmerman Wi	Illiamanont Ma			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]			INTERVAL BETWEEN ONSE, AND DEATH			
PART I. DEATH WAS CAUSED BY:	PART I. DEATH WAS CAUSED BY:					
4672 IMMEDIATE CAUSE (a)	1 /					
Conditions if any which	oditions, if any, which I but to service lementage					
gave rise to immediate	. 1 1 .					
cause (a), stating the underlying cause last.	Ifourtion		whome			
	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY			
assiration sucurona			PERFORMED? YES NO DE			
20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCC	URREO. (Enter nature of	injury in Part I or Part II of				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)			
While - Not while -	ory, street, office bldg., e	tc.)				
p.m. 19   at work   1 at work   21. I certify that (I) (this hospital) attended the deceased from	No. C. 11	CS to Dec 8	, 1965, that (I) (we) last			
			nd on the date stated above.			
22a. SIGNATURE	t death bootifed at-	in, from the outdood to	22b. DATE SIGNED			
Which Starth - M		MED. STAFF PHYS.				
22c PHYSICIAN'S	22d. ADDRESS	TINCE CO.				
NAME (Type) John C. Stouffer	Hagers	town. Md.				
23a. BURIAL, CREMATION, 23b. OATE THEREDF   23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, tow	vn or county) (State)			
Burial (specify) Dec. 11-65 Riverview C	emeterv	Williamspor	t Md.			
24. FUNERAL DIRECTOR ADDRESS		D BY REGISTRAR 25b. REG	GISTRAR'S SIGNATURE			
Mr. Albert L. Leaf Williamsport Md	. DADEC	1 3 1965 800	carles Judge			
	1	- //				

